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**Health Services Utilization Across
The Arizona-Sonora Border**

**A Binational Maternal
and Child Health Project**



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Health Services Utilization Across The Arizona-Sonora Border

A Binational Maternal and Child Health Project

Preliminary Utilization Study Phase II Report

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SOUTHWEST BORDER RURAL HEALTH RESEARCH CENTER

The Southwest Border Rural Health Research Center is the research and evaluation arm of the Rural Health Office at the University of Arizona.

The Southwest Border Rural Health Research Center is one of seven centers funded by the Office of Rural Health Policy, Health Resources and Services Administration, Public Health Service. The Center receives additional funding from the National Institute on Drug Abuse, other federal agencies, and several private foundations. The Center has, as its fundamental mission, increased access to health services and concomitant improved health status of people living in the Southwest border region. Emphasis is placed on those issues which are amenable to public health/rural health policy assessments, including, but not limited to, primary health care delivery, health manpower distribution, financing mechanisms and barriers to health care utilization.

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ABSTRACT

This paper reports the results of a binational project focusing on the health issues of women of childbearing age (18-44 years). The project was conducted in the Nogales, Arizona and Nogales, Sonora, communities during the Fall of 1990; it was funded by the Carnegie-Pew Foundations and administered by the Pan American Health Organization. The project used the Primary Health Care Review method. Researchers were able to document border crossing behavior in search of prenatal care and delivery services by women who gave birth during the two years prior to the survey. Sources of payment, reasons for using Mexican services, and sociodemographic data were among the variables measured. In addition, information was gathered on working women and their infants, their needs for health services and their working conditions.

While almost 8% of Mexican residents came to the U.S. to deliver their babies, only 2% of U.S. resident women went to Mexico for their delivery. Twelve percent of Arizona residents, however, went to Sonora for their prenatal care. In addition, 14% of the women who needed health care services for themselves and 14% of those who needed health services for their children during the year previous to the survey, used Mexican resident providers exclusively. Almost 70% of Nogales, Arizona respondents bought medicines in Mexico without a prescription.

While the presentation of findings, recommendations for action and suggestions for further research are focused on issues related to health seeking behavior across the border, the report includes an exhaustive descriptions of the Primary Health Care Review method and the Childbearing women research project.

I. INTRODUCTION

This report contains information regarding Health Services Utilization by women of childbearing age at the Nogales, Arizona-Nogales, Sonora border. The report is based on data gathered during the Primary Health Care Review on Childbearing Age Women (18 to 44 years) conducted during the Fall of 1990 by the Southwest Border Rural Health Research Center and El Colegio de Sonora. Since this is the first monograph drawing from data collected during the Primary Health Care Review, a description of the method and a description of the Project precede the presentation of the findings.

II. BACKGROUND OF THE PRIMARY HEALTH CARE REVIEW PROJECT

In October 1989, the Southwest Rural Health Research Center was awarded a two-year grant through the Pan American Health Organization to carry out a maternal and child health project at the Arizona-Sonora border. Funding for the project was provided by the Carnegie-Pew Foundations.

The Arizona-Sonora border project was a subset of the much broader Carnegie-Pew/PAHO Project entitled "Review of Primary Health and Maternal and Child Health Technologies for Women, Children, and Adolescents on the Mexico-United States Border."

The aim of the project was to consolidate a binational, multi-institutional network in the U.S. and Mexico border regions and enhance institutional capacity to assist communities in planning and conducting reviews of the health status and health services access and utilization of selected vulnerable population groups. The

project included researchers from the University of Texas, the University of Tamaulipas, the University of Arizona, the Colegio de Sonora, and the University of California. The impetus for involvement in the development of a binational project revolves around mutually shared interests in working together to delineate key health issues along the U.S.-Mexico border.

Researchers agreed to apply methods tested by the World Health Organization (WHO) to the review of primary health care. The priority health issues to address included those of working women, women in their childbearing years, infants, children, adolescents, and migratory populations, as well as access to and utilization of health services. The Primary Health Care Review (PHCR) approach was chosen because it can be rapidly and readily adapted to different settings; it is action-oriented and reviews the existing health care system with the intent of improving identified shortcomings. The PHCR is community-based, enlisting the community in all phases of the review from research design to implementation of policy objectives. It gives providers at all levels a chance to give their perceptions; places much of the planning and evaluating of services at the grass-roots level; and encourages public support for findings, decisions, and recommendations.

Before describing the PHCR conducted among women of childbearing age at the Arizona - Sonora border, an overview of the PHCR method will be presented.

III. THE PRIMARY HEALTH CARE REVIEW METHOD¹

The Primary Health Care Review is basically a means of doing a focused and comprehensive analysis of the health system using a set of questions about health status and services developed with community input, with the goal of improving both the health status of the population and health service delivery. It combines epidemiological, sociological, anthropological, policy analysis, and health planning approaches. Policy analysis is important because it provides a more complete picture of the discrepancy between service delivery expectations and reality. The PHCR is carried out in a short period of time, is very specific in content, and should have implications for action.

The World Health Organization calls this method a "Review" because it can serve as a needs assessment, as a description of discrepancy between health service policy and reality, as an evaluation, and as a baseline to compare with future reviews.

Key Phases in Carrying Out a Review

1. Planning:
 - a. forming the Review Committee,
 - b. determining the objectives or questions to be addressed in the Review,
 - c. deciding what extant data are available,
 - d. assigning responsibility for the steps of the Review to various members of the Review Committee, and
 - e. preparing for the field work for collecting the rest of the desired data.
2. Gathering and analyzing the extant data.

¹ For more information about the methodology, see "The Primary Health Care Review Method: How Well Does It Work in a Border Community?" Forthcoming monograph.

3. Conducting the field work.
4. Analyzing and reporting the findings.
5. Making recommendations for action.

Planning is key to the success of the PHCR method. Out of a proposed twelve month project, for example, at least eight months would be spent in planning and arriving at the point of doing field work. The organization of the PHCR revolves around a working group of people called "The Review Committee." The Review Committee is crucial because it guides the planning process.

The Review Committee

Membership must be geared to those who know the topic of the services under review.

An important role of the Review Committee is to limit the scope of the Review. If the review is too big, has too many questions to answer, is not sharply focused, or is too complex, then execution and analysis will be more difficult, reducing the probability of successful completion and replication of the PHCR.

Review Committee Structure:

There are two essential components in the structure of the Review Committee:

1. Ability to make public policy and implement interventions -- committee members who, as individuals or representatives of institutions, are able to make and carry out policy decisions. Members of the community at large may be included representing community values as "policy."

2. Technical capacity -- committee members who have requisite skills in the conduct of the PHCR, including epidemiology, community development, planning and evaluation, data management and survey research.

The combination of these components facilitates the translation of statistics and information into action.

Review Committee Role and Function:

The role of the Review Committee is to assume responsibility for the PHCR and follow through with the implementation of the recommendations when the review is completed. The function of the Review Committee is to make decisions and participate in the work of the Review. Decision-making is in two principal areas: 1) Policy governing the review activity, and 2) Technical management of the Review.

Policy decisions include:

- a. Determination of the purpose, expectations and scope of the Review. This function includes: the acceptance or modification of the guidelines and fundamental research questions for the project established by the funding foundations and PAHO; definition of the questions of importance to area communities to be addressed by the Review; limitation of the work of the Review in accordance with priorities and resource available.
- b. Identification of priorities among the problems which are the subject of the Review.
- c. Management decisions in the conduct of the Review and participation in the activities of the Review.
- d. The development of recommendations and implementation strategies and activities. Committee members should expect to act on the findings of the Review.

Technical decisions include:

- a. Design of the Review, determination of data requirements and methods of data collection.
- b. Identification of resources required.
- c. Scheduling, organizing and managing the Review.
- d. Analysis of data and problem definition.
- e. Technical assistance in the community follow-through.

Data Collection and Analysis

Once the issues to be addressed are determined, existing information on those issues is assembled and reviewed. Further data requirements become clear at this point, and plans are made to acquire information from community members, providers of care, and from health services according to the system of care that is in place.

Data can be collected through surveys of the community, health care providers, health care facility administrators, or through focus groups, interviews with key informants, reviews of medical reports, analysis of existing databases, etc... It is up to the Review Committee to decide which methods will yield desired information in the most efficient way.

Data on the entire health system are required; that is, data are collected on services from hospitals to health centers to individual providers, and include information obtained directly from service consumers and the community at large.

Most PHCRs use the following sources of data:

1. Existing data
 - a. vital statistics: birth and death records
 - b. census data
 - c. patient origin studies
 - d. reportable disease data
 - e. other local reports and surveys
2. Hospital and health services
 - a. discharge data
 - b. service data
3. Local health care providers (incl. physicians, nurses, midwives, physician assistants, social workers, etc.)
4. Community members

Data from each source are scrutinized for errors and evaluated. Descriptive analysis is done separately for each survey before comparable items are assembled from the various sources to get a feel for similarities or differences between sources.

Recommendations and Implementation

Once the data are assembled and reviewed they are reported in a series of seminars designed to yield action-oriented decisions and recommendations.

While the PHCR exercise in itself can be beneficial in many ways, the real measure of a successful PHCR is the degree to which decisions are made with regard to implementing the recommendations of the Review team.

The strengths of the PHCR method include the following:

1. The evaluation questions determine the information collected;
2. It can be repeated (at lower cost) for evaluation or monitoring effects;

3. It has been successfully done many times;
4. Both impact and process data can be addressed;
5. Consumers are included in the needs assessment;
6. The PHCR process educates the community about the issues and services;
7. It can be replicated in different locations;
8. It is inexpensive and widely applicable;
9. Information not otherwise available can be collected;
10. Baseline planning data are collected;
11. Health planning authorities are provided with citizen perceptions of needed services;
12. Providers at all levels can contribute their perceptions of community needs, service requirements, and institutional objectives;
13. Much of the planning and evaluation of services is conducted at the grassroots level, since the information for the needs assessment is gathered from the community. The information continues up the ladder of increasing coverage to the regional and state level;
14. The PHCR provides public support data for funding requests, since it is the citizens who declare what their needs are;
15. Surveys can be done quickly as well as scientifically;
16. Providers, consumers and non-users of health care are surveyed;
17. When the University provides technical assistance, there is the important implication of the University serving the community, rather than vice versa. The PHCR methodology is designed so that the primary function of the "research" is to provide technical assistance to the community;
18. If the review is conducted in a binational context, it allows communities on both sides of the border to look at the same problem, see how both nations are intertwined, and how policies on one side of the border impact the neighboring nation.

IV. THE PRIMARY HEALTH CARE REVIEW OF CHILDBEARING AGE WOMEN AT THE ARIZONA-SONORA BORDER

Once the University of Arizona's Southwest Border Rural Health Research Center was selected as part of the binational, multi-institutional network of American and Mexican Institutions along the U.S.- Mexico border, the Pan American Health Organization (PAHO) identified El Colegio de Sonora as its Mexican counterpart.

The selection of the binational geographic site for the project was the first task in the Review. The choice depended on several factors including the following:

1. The characteristics of a rational planning region;
2. Ease of addressing project objectives as identified by Carnegie/Pew Foundations, (i.e., assessing and improving the health of women and their children, women working in maquilas, and adolescent risk-taking behavior among three populations: migrants, immigrants and the stable population);
3. Productive binational relationships; and
4. Technical feasibility.

Three possible locations were considered in consultation with our Sonoran counterpart: 1) the Douglas/Agua Prieta region; 2) the Nogales/Nogales region; and 3) the Yuma, Somerton, San Luis-Arizona/San Luis, Rio Colorado region.

Other selection criteria established for the selection of the Arizona/Sonora site included the following:

1. The geographic area chosen encompassed an appropriate economic trade area. The population is interdependent for most of the health and medical transactions that occur in the area;
2. Mexican and United States trade areas are in geographic proximity;

3. The geographic area chosen is large enough to afford reasonable variability of important population and community characteristics, but not so large or complex as to be too difficult to manage;
4. There is a comprehensive range of health and medical services in the geographic area, including services and facilities for substance abuse are present;
5. A mix of urban, suburban, and rural communities are part of the area;
6. There are good working relationships and formal organization of those relationships between the Mexican and the U.S. communities chosen;
7. The area has a large number of maquilas;
8. The existence of an established community organization that covers the geographic area and has local credibility to be invited to serve as an auspice for the PHCR;
9. There is a suitable counterpart Mexican university already involved in the area;
10. The chosen communities are willing to participate and demonstrate a good level of interest in the project.

Based on the above criteria, the Nogales/Nogales site was selected. The selection was done in full consultation with our Mexican colleagues. Among the factors that weighed most heavily in the selection were: the higher presence of the maquila industry in this region than in other regions; the active produce importation port in Nogales, Arizona; the historic connection of different joint community projects in "ambos" Nogales; the strong presence of a Healthy Mothers, Healthy Babies Coalition in Nogales, Arizona; the presence of the largest Community Health Center along the Arizona, Sonora border; and ongoing research, focusing on women working in the maquilas, by the Colegio de Sonora.

After the initial site selection was made several preliminary trips were made by University team members to discuss the Project with leaders in the Nogales, Arizona Community. Key leaders in the Nogales community were contacted and the goals and objectives of the project were presented. Discussion centered on finding an appropriate auspice organization in the region. The Healthy Mothers, Healthy Babies Coalition was chosen by most leaders. Successive meetings and interviews with community leaders led to the creation of the Review Committee. All sites (U.S. and Mexico) had agreed upon focusing on the following categories of questions:

- I. Health of Infants and Children
- II. Adolescent Health and Risk-Taking Behavior
- III. Reproductive and Other Preventive Health Issues for Women
- IV. Maquiladora Women's Health Issues
- V. Utilization of Health Services
- VI. Environmental Health Issues

Within each one of the Research Categories the following questions were identified:

Maternal & Child Health - Infant Health Status

- 1. What is the infant mortality rate in the last year?
- 2. What is the infant mortality rate by age at death?
- 3. What are the causes of infant mortality in the last year?
- 4. What is the rural/urban differential in infant mortality in the last year?

5. What is the rate of low birth weight births ($\leq 2500\text{g}$)?
6. What is the rate of preterm births (≤ 36 weeks)?
7. What is the gastrointestinal illness prevalence among infants?
8. What is the respiratory illness prevalence among infants?

Maternal & Child Care - Women's Health

9. What is the subjective appraisal of individual health status?
10. What are the major behavioral risk factors affecting mothers and infants along the border? (i.e. tobacco, alcohol, drug use, child car restraints, child abuse/neglect, spouse abuse.)
11. What is the maternal mortality rate?
12. What is the pregnancy history of women? (incl. birth interval, status of infant feeding, physical abuse during pregnancy, cigarette/alcohol/drug use, congenital defects.)
13. What proportion of women have had provider-performed breast exams during the last year?
14. What proportion of women have done breast self-exam during the last year?
15. What proportion of women have had cervical (pap) exams during the last year?
16. Where do working women (to be defined) go for childbirth?
17. Which working women are attended by lay midwives?
18. What is the prevalence of anemia, gestational diabetes, & hypertension during pregnancy?

Maternal & Child Health - Fertility

19. What are the perceived barriers to family planning if any?
20. What is the fertility rate by age?

21. What is the fertility rate by ethnicity?
22. What percentage of women are currently using contraceptives?
23. Which contraceptives are they using?

Maternal & Child Health - Prenatal Care

24. What are the perceived barriers, if any, to obtaining prenatal care?
25. What percentage of women who seek prenatal care are in the USA illegally?
26. What is the usual source of prenatal care?
27. What is the reason for choice of the usual source of prenatal care?
28. In which country did women receive their prenatal care?
29. In which country did women deliver?
30. What is the distribution of trimester prenatal care began?
31. What is the distribution of number of prenatal visits?
32. What is the content of prenatal care?
33. What is the distribution of the adequacy of care index?
(using the index from the Valley PHCR which is based on Kessler et al.)
34. What are the referral patterns for high risk pregnancies?

Working Women in the Manufacturing Industry - (Maquiladoras)

35. What are the major occupational health problems (i.e. vision, skin, musculo-skeletal, hearing, injuries & accidents, reproductive problems)?
36. What services are currently available for working women (i.e. child care, health care, education and training)?

37. What engineering/personal safety equipment is available to women in the workplace?
38. What number of women are currently working in maquiladoras by type of industry?
39. What is the demographic profile of working women in manufacturing & industry? (i.e. proportion of workforce, education, family structures, income, etc.)
40. How many are employees of the manufacturing industries and how many work for a personnel leasing company? (i.e., contracting or manpower company.)
41. If the women work for a personnel leasing company, what kind of benefits do they receive?
42. What benefits do those working for the industry receive?
43. What are barriers to health insurance for working women?
44. What are the environmental, chemical, or other exposures that could have an impact upon the health of working women? (particularly alcohol & drugs)
45. What are the leading causes of morbidity (by age)?
46. What are the leading causes of mortality (by age)?
47. What proportion of women have ever worked in a maquiladora?
48. Where do these women work now?

Adolescent Risk-Taking Behavior

49. What is the prevalence of alcohol, inhalant, and drug abuse, violence, driving while intoxicated, tobacco use, and risky sexual activities?
50. What proportion of adolescents use seat belts and/or cycling helmets?
51. How are the preceding activities related to health status?
52. How are community groups such as schools, behavioral health agencies, etc. coping with teen pregnancy, alcohol/drug abuse, parenting skills, sexual activity?

53. What programs currently exist to assist teenagers with problems of adolescence? (include public & private schools)
54. What are the pregnancy rates by age?
55. What are the pregnancy rates by birth order?
56. What is the high school dropout rate for pregnant teens compared with non-pregnant teens?
57. How do adolescents perceive their health status?
58. What are the most important health issues to adolescents?
59. What are the death rates by suicide, homicide, and motor vehicle accidents?
60. What are these death rates by age?
61. What are the work patterns of adolescents?

Utilization of Health Services by Vulnerable Populations

62. What percentage of children are immunized? (clarify the population)
63. What services are available for the vulnerable populations and health issues addressed here? (incl. availability, use, capacity, and access)
64. What are the health service utilization patterns on both sides of the border? (i.e. prevalence of use, where, who, for what, cost, cross-border behavior)
65. Do people have health insurance or rights to health care?
66. What amount of health care/insurance payment goes cross-border?
67. What are the perceived barriers to health care?
68. Do these groups perceive health care to be important?
69. Do mothers believe there are adequate services for well child care, sick child care, and immunizations?
70. What is the satisfaction with health services provided?

Environmental Quality

71. What are the documented sources and levels of air and water pollution in the area?
72. How does the local population perceive air and water pollution in the community?
73. What chemical substances are presently being used by local industries? (especially in the maquiladoras)
74. How are these substances being discarded?
75. Where are these substances being discarded?
76. What is the prevalence of inadequate housing, utilities, poor sanitation, and length of time residing in the city?

In addition, each site added questions to respond to their local Review Committee's concerns. Once all the questions were assembled, the strategies to answer them needed to be defined. Existing data were gathered from all sources that could be identified by the University team and by community members. After this process was completed, decisions were made on how to approach the remaining questions. A community questionnaire was designed to gather information on health services utilization, infant's health, women's protective health behaviors, use of prenatal care services, insurance coverage, socioeconomic status, working status and working conditions. Due to the spurious validity of surveys of risk taking behavior among teens, teen risk behavior was assessed through focus groups. Additional surveys were conducted with health service providers, social service providers, and

local employers. In addition, data were gathered from newspapers, health department reports, and health facilities.

Whenever possible, the questionnaires and focus group guide were modeled after the Texas questionnaires to ensure comparability of data. Some modifications needed to be done to target the needs of the Nogales, Arizona community.

The study design was periodically shared and discussed with our Mexican colleagues, this was an important aspect of the Review process because there were several questions raised by the U.S. Review Committee that could only be answered through the Mexican survey, and vice versa.

V. HEALTH SERVICES UTILIZATION ACROSS THE BORDER

Most of the data that will be presented in the following pages come from the PHCR community survey. Details on how the fieldwork was conducted in Nogales, Arizona can be found in Appendix I, and the questionnaire has been reproduced in Appendix II. Additional data come from a physician survey that was conducted on both sides of the border as part of the PHCR of women in childbearing age project.

Brief description of the surveys conducted in Nogales, Arizona, and Nogales, Sonora:

Arizona - The Community-Based Survey was carried out in Nogales, Arizona during the month of November, 1990. Thirteen bilingual women from the community of Nogales were trained as interviewers for the survey. A multi-stage stratified cluster sample with probability of selection proportionate to the cluster size was drawn. Forty clusters were selected with an average of 36 households in each cluster.

The target population were women between 18 and 44 years of age who met one of the following criteria: 1) They had been pregnant during the last two years, or 2) They had earned \$500 or more from work during the past year or were working at the time of the interview. A total of 411 women were interviewed, including 94 categorized as "pregnant only," 248 who were "working only," and 69 who were both "pregnant and working." Thus, for purposes of analysis a total of 163 women were considered "pregnant" and 317 women were considered "working." The non-response rate for pregnant women was 14%; that for working women was 27%. For each woman targeted for an interview, at least 3 attempts were made to complete the interview before they were considered a non-respondent. Interviews were conducted 7 days a week from 9:00 a.m. to 8:30 p.m.

The medical provider survey was designed to obtain information regarding provider's views of important health problems for women aged 18 to 44. All 16 primary health care providers practicing in Nogales, Arizona responded the survey. Thirteen were interviewed in person, and the rest over the phone.

Sonora - The Community-Based Survey was conducted by Community Nurses who were working for SEMESON². The target population was women who had had a baby in the last two years. The sampling frame used was that developed by

² SEMESON is an acronym for "Servicios Medicos de Sonora" which is the agency that provides health services for Sonora's uninsured population.

INEGI³. Twenty clusters were chosen and 20 women from each cluster were to be interviewed. Interviewers worked from 9:00 a.m. to 5:00 p.m., Monday through Saturday. By the conclusion of fieldwork, a total of 330 women had been interviewed. When compared to the Arizona sample, the Sonora sample was biased against working women because only women who were at home at the time of the survey were interviewed, and no revisits were made. The non-response rate cannot be determined since no census of the population of women with babies under 2 years of age was available.

A total of 53 health providers in Nogales, Sonora responded to the survey, 36% of whom were family physicians, 15% were obstetrician/gynecologists, 13% were pediatricians, and the rest had other specialties.

Crossing the Border for Delivery Services

Data from the Community-Based Survey show that 99% of survey respondents residing in Nogales, Arizona who had a baby during the last two years had their delivery in the U.S., while 1% delivered in Mexico. Reasons given for delivering in Mexico were: 1) Because the woman was living in Mexico at the time of delivery; and 2) Because she knew the attending physician, who was her family doctor in whom she had confidence.

All women who had their delivery in Mexico were working women.

³ INEGI is the Mexican Institute responsible for compiling statistics, developing sampling frames and designing the field work for most national surveys, including the census.

The Community-Based Survey conducted in Nogales, Sonora showed that 7.8% of the women residing there, who had a baby in the last two years, had their delivery on the U.S. side of the border in Nogales, Arizona. Since there were a total of 6,466 births to women of Nogales, Sonora during the last two years, we estimate that 504 of these deliveries (7.8%) occurred in Nogales, Arizona. Although it cannot be directly derived from these data, it is likely that many of these women gave a mailing address in Nogales, Arizona at the time of delivery.

Prior to the Arizona survey, data gathered from the U.S. census and state birth certificate records led us to believe that one woman in childbearing age out of every four would have had a birth in the past two years (a proportion much higher than in other border communities). During field work, however, we located only one woman out of every 7.5 with a birth in the past two years. This finding gives additional support to the hypothesis that women are coming from Nogales, Sonora to give birth in the United States. A community survey conducted in Tijuana documented that 10.4% of the women interviewed delivered their babies in the U.S.⁴

It is worth remembering that the survey conducted in Nogales, Sonora was done between 9:00 a.m. and 5:00 p.m., and there were no revisits made. One can hypothesize that the sample is skewed and has a tendency to exclude working women. Working women in Sonora are more likely to have a higher than median household income, and for that reason greater access to U.S. delivery services. Therefore, it is

⁴ Personal communication, Sylvia Guendelman, El Paso, April 6th, 1991.

likely that the Sonoran sample underestimates the use of the U.S. delivery system by Mexican residents.

According to the Sonoran survey, most women who delivered in the U.S. but resided in Mexico were not working (83%); one woman was working in the industry sector; four were working in the area of service and commerce. As a result, 72% of the families had only one source of income; three had two sources of income; and none had more than five persons contributing to the household expenses. Thirteen percent of the women had a monthly household income below the minimum wage (360,000 pesos), and 78% had a monthly income of one million pesos or less.⁵

Only one of the women interviewed had been born in the U.S.; 72% were born in Sonora; 24% were born elsewhere in Mexico. Almost 14% had received professional training; 24% had completed "*preparatoria*;" 24% finished secondary school; and 28% had completed primary school. Over 80% had lived in Nogales, Sonora for over 10 years. Ten percent of Sonoran respondents had American health insurance coverage; 24% were covered by *IMSS*; and 3% by *ISSTE* (58% missing information). The largest proportion of these women (48.3%) had had only one pregnancy, and none of them had more than four.

Crossing the Border in Search of Prenatal Care Services

The Community-Based Survey revealed the following distribution of sources of prenatal care used (Table 1):

⁵ The peso to U.S. dollar exchange rate at the time of the interviews was approximately 2,800:1.

TABLE 1

**Sources of Prenatal Care Used by Residents
of Nogales, Arizona (Fall 1990)**

Source	Number of Women Using Each Source (n=161)	Percent of Women	Percent of Places
Private Doctor in Nogales, AZ	75	46.6%*	36.4%
Community Health Center	63	39.1%	30.6%
AZ Hospital Outside Nogales	20	12.4%	9.7%
<i>Private Doctor in Nogales, SON</i>	15	9.3%	7.3%
Hospital in Nogales, AZ	12	7.5%	5.8%
Other U.S. Service	12	7.5%	5.8%
Pharmacy in Nogales, AZ	3	1.9%	1.5%
Health Dept. in Nogales, AZ	2	1.2%	1.0%
<i>Pharmacy in Nogales, SON</i>	2	1.2%	1.0%
<i>Partera in Mexico</i>	1	0.6%	0.5%
<i>Salubridad</i>	1	0.6%	0.5%
Total Person/Visits	206	127.9%	100.1%

* Percentages do not add to 100 because women could give up to four responses each.
Mexican services appear in italics.

Eleven percent of women who reported using prenatal care services used services in Mexico. Each woman interviewed visited an average of 1.3 facilities during her last pregnancy. Looking at the total number of sources of PNC services used, 9% of prenatal care services used were Mexican services.

Family physicians in Nogales, Mexico reported that 19% of their patients were coming from the U.S., while obstetrician/gynecologists reported that 11% of their patients were American residents.

Focusing on the residents of Nogales, Arizona who used only one source of prenatal care, we found the following distribution (Table 2):

TABLE 2

**Distribution of Unique Sources of Prenatal Care
Used in Nogales, Arizona (Fall 1990)**

SOURCES	Number	%
Private Doctor in Nogales, AZ	57	45
Community Health Center	43	34
Hospital outside Nogales, AZ	11	9
Other in U.S.	10	8
Private Doctor in Nogales, Son	4	3
Hospital Nogales, AZ	<u>1</u>	<u>1</u>
TOTAL	126	100

When women used only one source of prenatal care, the Health Department Clinic, the pharmacies on both sides of the borders, and all public health care facilities were excluded as sources of prenatal care. The most common sources were private physicians (45%) and the Community Health Center (34%). There were only 35 women who used more than one source of prenatal care, and 6 women who used more than two sources.

According to the Arizona Community-Based Survey, 78% of the pregnant women had their first prenatal care visit during the first trimester of pregnancy, 20% during the second trimester, and 3% during the third trimester.

If we look only at those women who began their prenatal care during the second or third trimester we find that:

- 78.9% are married
- 10.5% are single

- 10.5% are separated or divorced
- Mean age is 26
- Mean educational level is 9.4 years
- 68.4% have a family income of less than \$10,000.00
- 36% are undocumented

On the other hand, if we look at women who began prenatal care during the first trimester of their pregnancy, we find that:

- 77.7% are married
- 12.7% are single
- 8.7% are separated or divorced
- Mean age is 28 years
- Mean educational level is 11.2 years
- 49.2% have an income of less than \$10,000.00
- 7.1% are undocumented

From these data, we concluded that early start of prenatal care (PNC) is associated with higher educational level, higher socioeconomic status (SES), and documented status. Since undocumented women are poorer and have fewer years of education, we wanted to see if the association between documented status and late PNC was confounded by either education or SES. Further statistical analysis controlling for level of education and income showed that start of PNC was independent of documented status (education: $p < .001$; income: $p < .005$). In other

words, it is the poorer women and the women with less education who are the ones who begin PNC services late in their pregnancies.

Unfortunately, we do not have data on whether the women had insurance when they got pregnant; therefore, we don't know if getting late PNC is associated with lack of insurance. However, we do know that at the time of the survey, 52.6% of the women who got late prenatal care had insurance while 55.6% of those who had early PNC were covered.

If we look at payment sources for prenatal care services for those women beginning prenatal care in the second or third trimester, we find the following (Table 3):

TABLE 3
Sources of Payment for Women With Late Prenatal Care
Nogales, Arizona (Fall 1990)

Source	%
=====	
AHCCCS ⁶	50%*
Private Insurance	24%
Cash	16%
Installments	16%
Special Program	8%
Sliding Fee Scale	3%

* Percents do not add to 100 because women could list up to three sources of payment.

In contrast, those who began prenatal care in the first trimester used the following payment sources (Table 4):

⁶ AHCCCS (Arizona Health Care Cost Containment System) is the Medicaid program for the State of Arizona.

TABLE 4

**Sources of Payment for Women With Early Prenatal Care
Nogales, Arizona (Fall 1990)**

Source	%
=====	
AHCCCS	40%
Private Insurance	30%
Cash	23%
Installments	21%
Special program	4%
Sliding fee	3%
CHAMPUS	1%
Free	1%

• Percents do not add to 100 because women could list up to three sources of payment.

Women who began prenatal care early were less likely to use AHCCCS and more likely to use private insurance and cash, than were women who began PNC late.

If we look at the source of care for those beginning care in the second or third trimester, we find that:

- 47% of the women used the Community Health Center
- 39% of the women used a private physician
- 05% of the women used a hospital in Nogales, Arizona
- 13% of the women used a hospital outside of Nogales, Arizona
- 02% of the women used a private doctor in Mexico
- 02% of the women used a pharmacy in the U.S.
- 02% of the women used a pharmacy in Nogales, Sonora
- 02% of the women used *Salubridad*
- 02% of the women used other places in the U.S.
- 05% of the women used a health department clinic

Contrasted with those who began care in the first trimester:

- 36% of the women used the CHC as a source of care
- 47% of the women used a private physician
- 12% of the women used a hospital outside of Nogales, Arizona
- 07.9% of the women used a hospital in Nogales, Arizona
- 10.3% of the women used a private doctor in Mexico
- 08.7% of the women used other places in the U.S.
- 01.5% of the women used a pharmacy in the U.S.
- 0.07% of the women used a pharmacy in Mexico
- 0.07% of the women used a *partera* in Mexico

The use of Mexican services by late starters of prenatal care is less frequent (6%) than for the general population. One could hypothesize that the proximity of the Mexican services allows indigent pregnant women to get started earlier in their prenatal care services. We can see that the Community Health Center is the most frequently used source of PNC, when women start their PNC late in their pregnancy.

Data from the Community Health Center (Mariposa Clinic) confirm this interpretation with the following distribution of initiation of prenatal care among its users:

TABLE 5

**Trimester Prenatal Care Began by Mother's Age Group
(Mariposa Community Health Center)**

<u>1988</u>	<u>18-26 yrs</u>	<u>27-35 yrs.</u>	<u>36 + yrs.</u>	<u>Total</u>	
				<u>(n)</u>	<u>%</u>
1st Trimester	32.6%	28.3%	28.6%	47	30.9
2nd Trimester	40.2%	39.6%	28.6%	60	39.5
3rd Trimester	27.2%	32.1%	42.9%	45	29.6
TOTAL (n)	92	53	7	152	
	60.5%	34.9%	4.6%	100%	
<u>1989</u>	<u>18-26 yrs</u>	<u>27-35 yrs.</u>	<u>36 + yrs.</u>	<u>Total</u>	
				<u>(n)</u>	<u>%</u>
1st Trimester	30.2%	28.4%	62.5%	73	31.9
2nd Trimester	34.5%	36.5%	12.5%	77	33.6
3rd Trimester	35.3%	35.1%	25.0%	79	34.5
TOTAL (n)	139	74	16	229	
	60.7%	32.3%	7.0%	100%	

Adequacy of Prenatal Care

Looking at the vital records statistics for the state of Arizona, approximately 34% of women entered care after the first trimester or received no prenatal care (Arizona Perinatal Statistics, 1990). The Community-Based Survey shows Nogales, Arizona having a lower percentage of women entering care late (20%) than that found in state records. The proportion of women receiving late prenatal care documented in our survey is similar to that documented on a recent statewide community survey, which found that 17% of the women residing in Arizona who had babies in the last five years reported entering prenatal care after the first trimester of their pregnancy (23% for Hispanic women only) (Kirkman-Liff, 1990). According to the official state birth certificate figures, the proportion of women entering prenatal care during the first trimester has been decreasing since 1982 (with the exception of an increase in

1986). The proportion of women in Arizona entering prenatal care in the first trimester was 12.2% lower than the comparable U.S. data in 1987 (Arizona Perinatal Statistics, 1990).

One could hypothesize that the official state statistics are distorted due to Mexican residents delivering in the U.S and having had less prenatal care. However, the survey conducted in Nogales, Sonora documented that 72% of the Mexican residents that delivered in the U.S. got prenatal care during the first trimester of their pregnancy, and 24% had their first prenatal care visit during the second trimester. One woman (3% of the total) did not have any prenatal care.

Twenty-four percent of Nogales, Sonora respondents had less than five PNC visits; 45% had between five and nine visits; and 31% more than nine prenatal care visits. Ninety-three percent reported not having had any problems getting PNC.

Thirty-eight percent of the Sonora respondents reported that the quality of the PNC they received was very good; 48% thought it was good; 7% considered it average; and 3% thought it was bad. Therefore, one cannot say that Mexicans are responsible for our official figures on prenatal care.

Timing and amount of prenatal care are important variables for describing adequacy of prenatal care. Month prenatal care began has been studied in four surveys. Research done in upstate New York, found that exact agreement between mother's self-report and birth certificate information for month prenatal care began was 53.9%, and agreement improved to 82% when a margin of a month was given (Carucci, 1979). Similar findings were reported for the 1972 National Natality

Survey: 42.9% by single month; and 75.7% for trimester care began (Fingerhut et al., 1985). A Georgia study reported a 21.3% exact agreement between vital record and hospital record (Floyd et al., 1981). The 1980 National Natality Survey reported 88% agreement for whites and 70% for blacks when data were grouped to trimester care began (Querec, 1980).

Singh et al., (1985) demonstrated that the biggest differences between the mothers' and physicians' reports are in the first trimester with mothers reporting earlier care. These authors believe there is no overall consensus on the definition of month prenatal care began. Thus, differences in reporting prenatal care timing may be due to a difference between the mother's interpretation of the first month of pregnancy (e.g., the first month after she knew she was pregnant), and the physician's (e.g., the month following the last menstrual period). In addition, to the degree this term is not consistently defined, it is also not known what definitions are used by those supplying this information on the birth certificate (e.g., the mother, the provider who gave some or all of the care during pregnancy, medical records, or some other source).

The Community-Based Survey data show that 79% of pregnant women had nine prenatal care visits or more, and 21% between two and eight PNC visits. If we look at various demographic statistics collected through the survey on women who had less than five visits to a physician during their pregnancy, we find that:

- 77.8% are married
- 11.1% are single

- 11.1% are separated or divorced
- Mean age is 27.2
- Mean educational level is 9.0 years
- 71.4% have an income of less than \$10,000.00
- 44.4% are undocumented

On the other hand, we find the following for women who had five prenatal care visits or more:

- 77.9% are married
- 12.3% are single
- 09.1% are separated or divorced
- Mean age is 27.4
- Mean educational level is 10.929
- 53.4% have an income of less than 10,000.00
- 12.3% are undocumented

In summary, the number of PNC visits follows the same pattern as early or late prenatal care. Women with lower levels of education and lower income levels have fewer PNC visits.

Optimal care recommended by the American College of Obstetricians and Gynecologists for pregnant women is 14 prenatal care visits. The definition of inadequate prenatal care used by the state of Arizona is less than five prenatal visits or prenatal care initiated in the third trimester. The pregnancy outcomes for this

inadequate care group are clearly poorer than for women who receive a greater number of prenatal visits and begin care earlier in their pregnancy.

The number of women receiving none or less than five prenatal visits, according to birth certificate data, has been increasing since 1983. In 1988, 1,761 women received no prenatal care and 4,702 received 1 to 4 visits. The rate of no prenatal care reached a new high in 1988 of 27 women receiving no care per 1,000 live births, as did the rate of one to four visits (71.7/1,000 live births). The Arizona rates were 27.1% and 34.2% higher, respectively, than the 1987 rates for the United States (Arizona Perinatal Statistics, 1990).

There are two sources for comparing the accuracy of number of prenatal visits. In the 1972 National Natality Survey, exact agreement of the number of prenatal visits between mother's report and vital records data was 16%. When compared to hospital records, it was 25%. Under more relaxed conditions, plus or minus two visits, agreement for this item improved to 56% and 66% respectively (Querec, 1980). In the Georgia Study, exact agreement for number of prenatal visits was 12.9% (Floyd et al., 1981).

These discrepancies with respect to the number of prenatal visits could be explained by providers not reporting prenatal visits to other providers during the mother's pregnancy. A provider might consider a mother's prenatal care starting with her first visit to that provider, especially if it is early in the pregnancy.

In 1984, Warrick (1986) did a follow-up survey of 1984 births to disadvantaged mothers in Maricopa County. She contacted the identified women by phone and at

home. There were four items listed on the birth certificate that were validated with the mother. The greatest discrepancies occurred on the report of prenatal care visits and timing of prenatal care. Fifty-six percent of the birth certificates were misclassified with the mother usually reporting more care than the official record.

The consistent finding in Warrick's study that mothers reported earlier and more prenatal care than recorded on the birth certificate can be explained by the problem of access to care regularly cited by mothers. The error occurred when mothers who applied for AHCCCS did so late in their pregnancy or their application for AHCCCS was delayed by processing. This caused the mother's prenatal care to be split between two or more agencies or providers with the mother's experience at the last source of care being commonly entered on the birth certificate.

Mothers who were AHCCCS recipients for the first time, often reported they recognized their pregnancy, had it confirmed, and went to a private physician or a County clinic while they applied for AHCCCS. This application frequently took months to process. These women waited several months for AHCCCS approval, were assigned their family physician, and waited for an appointment with the specialist. They finally got to see their AHCCCS obstetrician in their eighth or ninth month of pregnancy. This timing of care was recorded on the birth certificate along with the two or three prenatal visits the mother received with the AHCCCS family physician.

There were also mothers who learned of AHCCCS, or were advised to apply for AHCCCS, late in their pregnancies. Several mothers also reported they were followed by their AHCCCS family physician until the ninth month of pregnancy, when they

were referred to the AHCCCS obstetrician for delivery. In these cases, the same recording error occurred.

Mothers who were already on AHCCCS had a different story. When they recognized their pregnancy, they called their AHCCCS family physician, who referred them to the AHCCCS obstetrician, who cared for them throughout their pregnancy.

In summary, when AHCCCS was a payment source, there was a significantly greater tendency for error in the birth certificate report of timing of prenatal care and number of visits. Also, if the mother had AHCCCS, she was significantly more likely to have had more than one source of prenatal care, especially if the mother was a new AHCCCS recipient. Finally, when there was more than one source of care there was more reporting error.

Further analysis demonstrated that the reporting error was not randomly distributed among all the births, but was associated with a specific subpopulation of mothers. The discrepancies were associated with the young, unmarried, poorly educated, Hispanic and Black, and foreign-born mothers. Thus, there is a danger that the groups of mothers who are most vulnerable to perinatal health risks, are also the ones on whom the data are of the poorest quality.

The finding of a possible reporting error lead to the review of the quality control standards at one hospital. Structured interviews were conducted with two birth clerks responsible for filling out birth certificates. Both clerks, one who had been on the job for eight years and her supervisor, who provides coverage for the

primary birth clerk, used a combination of the current hospital records and interview with the mother to gather prenatal care information.

The primary source of information was the mother who gave all the information from which the birth certificate data is abstracted upon her admission to labor and delivery or immediately post-partum. The outpatient-records are not consulted, although they may be available.

The experience of the birth clerks in this major County Hospital is no different from the experience of birth clerks anywhere in the U.S. today: lack of time to collect data; and inaccessible source documents. Persons responsible for filling out birth certificates are under a major constraint in that the current average length of stay for a mother having a normal delivery is only 24 hours. Additionally, prenatal records may not be available, and if they are, they may be records of early pregnancy registration. Whether coming from a private physician's office or a satellite clinic, these prenatal records are likely not current.

Given the results and analyses of the accuracy of vital records data cited above, we believe they are not an appropriate source to evaluate the content of prenatal care. The qualitative aspects of prenatal care are not available through vital records. Therefore, even though we have not been able to prove it, it seems likely the discrepancies between what we found in the Community-Based Survey in Nogales and the official statistics based on vital records are not due to Mexicans coming to the U.S., but rather to a inadequate record keeping system.

Barriers and solutions to obtaining prenatal care and delivery services:

In the Community-Based Survey, Nogales, Arizona women were asked to give their perception of the main barriers to prenatal care services in the U.S:

- 56% of the women reported no problem in obtaining prenatal care
- 44% of the women mentioned problems in obtaining prenatal care
- Of those mentioning problems:
 - 25% of the women reported economic problems including lack of resources as well as lack of insurance
 - 22% of the women reported administrative, cultural or quality of care problems
 - 12% of the women reported transportation and communication problems
 - 7% of the women reported access and availability problems

In the Provider Survey, physicians ranked the problems of prenatal care access as follows:

1. Payment of care
2. Late care
3. Lack of education
4. AHCCCS red tape
5. Unaware of cost
6. Unaware of financial assistance
7. Not seen as necessary for delivery
8. Not seen as important

9. Transportation
10. Folk Medicine beliefs
11. Cultural Issues
12. Unaware of availability of services

Focusing on solutions to prenatal care barriers, in the Community-Based Survey:

- 37% of the women had no suggestions, ideas, or were completely satisfied with services as they existed.
- 56% of the women discussed administrative, cultural sensitivity, or quality of care changes. Among the comments most frequently made were discussion of shorter waiting times in clinics and offices, less paper work, quicker appointments, more and more sensitive staff, and the need for more specialists.
- 22% of the women discussed economic changes, i.e. lower cost of services.
- 7% of the women discussed changes related to access and availability of services.
- 5% of the women discussed the need for transportation.

Providers suggested the following changes:

1. Improvement of Prenatal Education
2. High School Education
3. Make care more accessible
4. Educate Women regarding cost of care
5. Outreach
6. Support Groups
7. Begin Care Prior to AHCCCS Eligibility Approval

8. Local AHCCCS Approval
9. Outreach for AHCCCS Enrollment
10. Change AHCCCS Eligibility
11. Free Pregnancy Tests for SOBRA⁷ Eligibility
12. Greater Freedom of Choice in AHCCCS Providers
13. National Health Insurance
14. More discounted rates
15. Lower Insurance Deductible

While 97% of the Mexican residents who delivered in the U.S. reported not having any problems with access to PNC, only 56% of the American residents felt the same.

The hypothesis that Mexicans do not need to cross the border to access medical services deserves further study. However, one could advance the notion that they come because they foresee a better future for their children if they have American citizenship. On the contrary, although it has not been proved, one could hypothesize that most American residents go across the border because they cannot afford to pay for the services in the U.S. Unfortunately, we have no specific data on how services were paid across the border, nor can we be sure whether these women had health insurance when they were pregnant and decided to go to Mexico for their check-ups.

⁷ SOBRA is a Federal program covering pregnant women up to 185% of federal poverty guidelines.

Crossing the Border for Health Services Other than Prenatal Care and Delivery

Two hundred ninety Nogales, Arizona women (70.9% of total) reported using health services during the year prior to the interview. Nearly half of the women who used any health services went to only one place (Figure 1).

The places respondents went for health services are listed in Table 6. The 290 women using services gave a total of 448 responses listing where they went for health care, resulting in a ratio of 1.5 places per person. Compared to the utilization of prenatal care services we see that there is more duplication of sources of general health care (1.3 places for PNC versus 1.5 places for general care). In this case, we do not know if women are using several sources because they were referred from one place to another or if they self-referred themselves. In the latter case, the quality of the care provided would deserve evaluation.

TABLE 6
Places Women Went for Health Care Services
Nogales, Arizona (Fall 1990)

Place	Number of Responses (n)	Percent of Responses (n/448)*100	Percent of Women (n/290)*100
CHC or Clinic	124	27.7%	42.8%
Private Doctor in AZ	108	24.1%	37.2%
Private Doctor in Mex	54	12.1%	18.6%
Hospital in Nog. AZ	43	9.6%	14.8%
Pharmacy in Mexico	42	9.4%	14.5%
Pharmacy in US	23	5.1%	7.9%
Other US Service	22	4.9%	7.6%
Other US Hospital	20	4.5%	6.9%
Other Mex Service	4	0.9%	1.4%
IMSS/ISSTE	3	0.7%	1.0%
Hospital in Nog. SON	2	0.4%	0.7%
Other Mex Hospital	2	0.4%	0.7%
Curandero/Sobador	1	0.2%	0.3%
	448	100.0%	154.4%

Mother's interviewed were asked for information regarding the utilization of health services by their children during the past year. Two hundred seventy-six women (67.2% of respondents) took at least one of their children for health care services during that period.

Of those women, 155 (56.2%) used only one place for their children's health care; 85 (30.8%) used two places; 31 (11.2%) used three places; and 5 (1.8%) used four places. Table 7 lists the places mother's took their children for health services.

Number of Places Women Went
for Health Services

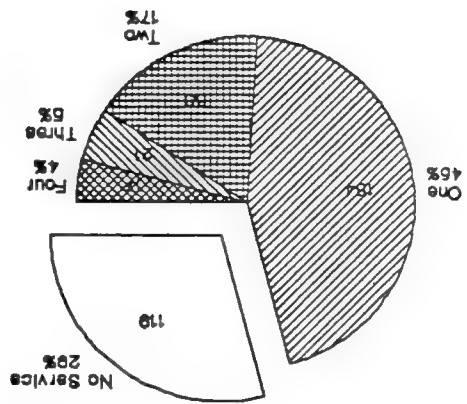


Figure 1

TABLE 7
Places Women Took Their Children
For Health Care Services

Place	Number of Responses (n)	Percent of Responses (n/432)*100	Percent of Women (n/276)*100
CHC or Clinic	140	32.4%	50.7%
Private Doctor in AZ	123	28.5%	44.6%
Private Doctor in Mex	63	14.6%	22.8%
Hospital in Nog. AZ	29	6.7%	10.5%
Pharmacy in Mexico	28	6.5%	10.1%
Other US Hospital	17	3.9%	6.2%
Other US Service	15	3.5%	5.4%
Pharmacy in US	8	1.9%	2.9%
Other Mex Service	5	1.2%	1.8%
Health Dept. Clinic	2	0.5%	0.7%
Curandero/Sobador	1	0.2%	0.4%
Other Mex Hospital	1	0.2%	0.4%
	432	100.1%	156.5%

Thirty-nine percent of the women who used only one place for their health services used Mariposa CHC; 29% used private Nogales, AZ physicians; 11% used a private physician in Mexico; 9% used U.S. hospital services; and 3% used other Mexican services. Whether or not a women used one or more than one place for her health services was not significantly associated ($p > .05$) with marital status, age, education, current health coverage, family income, or documented status.

Forty-one percent of women who took their children to only one place for health services used Mariposa Community Health Center; 37% took their children to a private physician in Nogales, AZ; 11% took them to a private physician in Mexico; 5% to a U.S. hospital; 3% to other U.S. services; and 3% to other Mexican services.

Whether or not a women took her children to one or more than one place for health services was not significantly associated ($p > .05$) with marital status, age, education, health coverage, family income, or documented status.

It is interesting to note that as much as 14% of the mothers and 14% of the infants have Mexican providers as their usual source of care, 11% use physicians and 3% use other type of providers. Mexican providers reported that 15% of their patient load are American residents. When looking at patient load by physician's specialty it turned out that 19% of the load of the family physicians are American residents, while OB-GYN and pediatricians report that 11% of their patients are American residents.

Forty-six percent of the women in our sample ($n=189$) reported not being currently covered by some form of health insurance. One hundred twenty-two (64.4%) of these currently uninsured women used some form of health care during the past year. This proportion is significantly lower ($p < .01$) than the 76.8% of insured women who used health services during the same period. Eighty-two (67.2%) of the uninsured women used only one place for their health care; 27 (22.1%) used two places; 8 (6.6%) used three; and 4 (3.3%) used four places for their health care. The place the uninsured went most frequently for health services was the Mariposa Community Health Center, followed by private offices in the U.S. and in Mexico. Thirty-two percent of the services used by uninsured women were Mexican services, whereas only 19.8% of services used by insured women were Mexican services. The places uninsured women went for care are listed in Table 8.

TABLE 8

**Where Uninsured Women Went for Health Services
Nogales, Arizona (Fall 1990)**

Place	Number of Responses (n)	Percent of Responses (n/175)*100	Percent of Women (n/122)*100
CHC or Clinic	52	29.7%	42.6%
Private Doctor in AZ	31	17.7%	25.4%
Private Doctor in Mex	28	16.0%	23.0%
Pharmacy in Mexico	19	10.9%	15.6%
Hospital in Nog. AZ	14	8.0%	11.5%
Other Place in US	10	5.7%	8.2%
Pharmacy in US	7	4.0%	5.7%
Other US Hospital	5	2.9%	4.1%
Other Mexican Service	3	1.7%	2.5%
<i>IMSS/ISSTE Clinic</i>	2	1.1%	1.6%
Other Mex Hospital	2	1.1%	1.6%
Hospital in Nog. SON	<u>2</u>	<u>1.1%</u>	<u>1.6%</u>
	175	99.9%	143.4%

We do not know how women paid for each type of service, although we were able to document that 84% of the women who use Mexican services paid exclusively cash; 4% paid in installments; and 12% got free services. None of the women used private insurance to pay for services rendered in Mexico.

Medical providers estimated that a mean of 16.6% of their patients were from Nogales, Sonora. In addition, all Nogales providers responding to a 1989 survey of cross-border health services utilization reported seeing Mexican National patients. These patients most often use some type of cash payment for services, have more severe health problems than U.S. residents, and rarely have background medical records available at time of service (Nichols, et al., 1990).

Half of the respondents to the Nogales, Arizona Community survey admitted having problems in getting U.S. health care for their families. The most commonly

cited problems had to do with paying for care, obtaining insurance, getting acceptable quality of care, transportation and cultural issues (Figure 2).

Medical providers identified several barriers to care: financing, inadequate local services, lack of awareness of the need for services, confidentiality problems, and continuity of care issues.

Respondents were asked what improvements could be made in the Nogales health system to make health services better for themselves and their families. Nearly ninety percent (87%) of women called for improvements in administrative, cultural, and quality of care issues; 31% cited the need for economic improvements; 12% for improvements in the accessibility

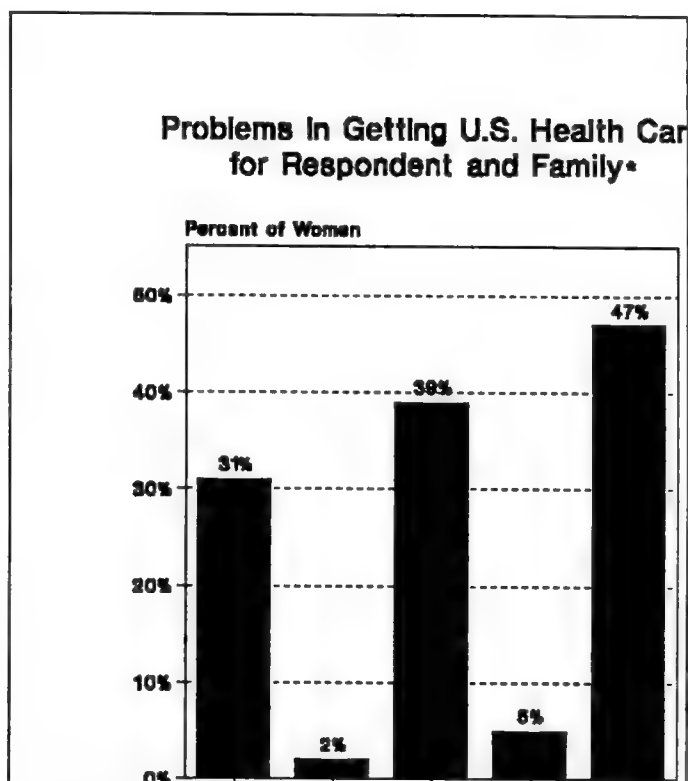


Figure 2

and availability of health services; and 2% for improvements in transportation and communication. Thirteen percent offered no improvements.

Two hundred seventy-five women responding to the Community-Based Survey (67.1%) reported going to Mexico to purchase medications without a prescription. Medications most commonly purchased were antibiotics, cough and cold remedies,

medicines for fever and pain (e.g., aspirin and acetaminophen), medicines for gastrointestinal complaints, and contraceptives (Table 9). This percent is much higher than what had been previously reported in Texas, where only 26% went to Mexico to purchase drugs (Lower Rio Grande Valley Development Council, 1988).

TABLE 9
Medications Purchased in Mexico by Residents of
Nogales, Arizona (Fall 1990)

Medication	Number of Responses (n)	Percent of Responses (n/547)*100	Percent of Women (n/269)*100
=====			
Anti-infective	157	28.7%	58.4%
Cough/Cold Remedy	152	27.8%	56.5%
Anti-inflammatory	94	17.2%	34.9%
For Gastrointestinal Symptoms	37	6.8%	13.8%
Contraceptives	32	5.9%	11.9%
Allergy Med.	21	3.8%	7.8%
Skin Meds.	16	2.9%	5.9%
Vitamins/Nutritional Supplements	10	1.8%	3.7%
Herbal Meds.	7	1.3%	2.6%
Asthma Meds.	5	0.9%	1.9%
Other	16	2.9%	5.9%
	<u>547</u>	<u>100.0%</u>	<u>203.3%</u>

VI. CONCLUSIONS

1. There are discrepancies between the data obtained through birth certificates and what women report regarding prenatal care and delivery. Women generally report a much better pattern of prenatal care service utilization than is reflected in vital records. These discrepancies have been documented in other studies conducted in Arizona and elsewhere in the U.S.
2. Almost 8% of the women residing in Nogales, Sonora deliver in the U.S., only 2% of the Nogales, Arizona residents delivered their babies in Mexico.
3. We suspect that almost half of the deliveries officially registered as occurring to Nogales, Arizona residents are occurring to Mexican residents.
4. Women residing in either side of the border get into prenatal care early in their pregnancy and have a good number of PNC visits.
5. Providers feel that pregnant women lack prenatal care education and parenting skills.
6. There is a considerable amount of border crossing for prenatal care and delivery, and a considerable number of women use multiple sources of prenatal care. No referral form is being used to secure good quality of care.
7. Poor, uneducated women are more at risk of not having adequate prenatal care.
8. U.S resident women go across the border for prenatal care services because they are cheaper. Mexican women deliver in the state because they feel their babies will have better opportunities if they have U.S. citizenship.

9. Fourteen percent of women in childbearing age and an equal proportion of their children use Mexican services exclusively as their usual source of health care. Most of them pay for these services in cash.
10. Half of the women residing in Nogales, Arizona reported having problems in getting U.S. health services for themselves and their families. The majority claimed that their problems are financial.
11. Almost 70% Arizona respondents had gone to Mexico to purchase medications without a prescription.

VII. RECOMMENDATIONS

1. Almost all women on both sides of the border know they should get prenatal care. Poor and uneducated women are still at risk of not getting adequate services. Although the study excluded teenagers, it is the perception of the providers, and has been confirmed by official state statistics, that teenagers get poor prenatal care. Efforts to improve access to PNC services have to concentrate on the vulnerable population (i.e. poor, uneducated teenagers).
2. There is not much known about the content of the PNC being provided. There seems to be enough evidence pointing to the fact that women need more prenatal care education. It is time to focus on the content of PNC services being offered to women during their pregnancy and the perinatal period.
3. It is important to establish a referral system among health care providers on both sides of the border.

4. Until a good and efficient referral system is established, a pregnancy record form could be designed. The record would belong to the pregnant woman, and she would carry it every time she visits a health professional.
5. U.S. residents are using a significant amount of health care services on the Mexican side. It is important to study in further detail why these women and their children feel the need to go across the border.
6. Given the volume of health services that Mexican health professionals are rendering to U.S. residents, it is important to enhance continuing education programs for Mexican and U.S. professionals.
7. Financing mechanisms to cover health services in the border region should be considered.
8. Given the large amount of medicines that are bought across the border without a prescription, one could hypothesize that Nogales, Arizona residents would benefit from an education campaign on the use of pharmaceuticals.

IX. SUGGESTED RESEARCH QUESTIONS

1. It would be worth exploring how U.S. residents are paying when they go across the line for prenatal care or delivery services.
2. Do U.S. residents deliver in Mexico? Only 2% of the Nogales residents had delivered in Mexico. Could it be that women from other towns that do not have an U.S. health plan covering for maternity expenses go to Mexico to deliver?

3. How much are U.S. residents paying for their care in Mexico? Is the use of Mexican services a response to inefficiencies in the AHCCCS program? What other motives lead women to use Mexican services?
4. How are Mexican residents paying for their services in the U.S. side?
5. Who are the Mexican women that come to the U.S. to deliver? What brings them? Is it the dual citizenship advantages? Do they come for prenatal care as well? Are they using the WIC program? Who helps them in the U.S.? Do they have relatives or friends in the U.S.? What are the difficulties that they encounter? Would they come if there was another mechanism to give their children American citizenship?
6. Since there are so many women purchasing medicines in Mexico without a prescription it would be worth exploring how are they using these medicines.

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APPENDIX I

COMMUNITY SURVEY SAMPLING FRAME SUMMARY OF FIELD WORK

**Primary Health Care Review Committee
Nogales, Arizona**

**Sponsored by: Arizona Healthy Mothers/Healthy Babies Coalition
of Santa Cruz County
and
Southwest Border Rural Health Research Center**

COMMUNITY SURVEY

SAMPLING FRAME

The design of the study is cross-sectional, that is, the sample consists of women between the ages of 18 and 44 that have had a pregnancy in the two years previous to the study or women that have worked during the last year who reside in Nogales.

Sampling Method

- Multistage cluster sampling, first a sample of blocks is chosen, then a list is made of all eligible women in each chosen block. From the list all women are selected for interviewing. The eligible woman is the unit of analysis.
- Clusters will be drawn using:
 - a list of blocks ordered by poor and non-poor
 - with a systematic random sampling from the list
 - and a probability of selection proportional to the size of the block

Ordering on some variable of thought to be associated with the study outcomes of interest makes for implicit stratification and for decreased standard errors in the final estimates. In this case review questions are concerned with utilization, barriers to access and lifestyle, all of which have been shown to be different according with socio-economic status.

The designation of each block as being poor or non-poor was done by the researchers, based on the 1980 census data, information obtained from Review Committee members on the socio-economic status of each neighborhood, and finally the researchers confirmed their information by examining at the characteristics of the households in the block. Blocks occupied by elderly were excluded from the sampling frame.

Notes about the Sampling Method

Multistage sampling consists of a hierarchy of different types of units, each first-stage unit being divided, or potentially divisible into second stage units, etc. A stage frame will be required at each stage for the units that have been selected at that stage. Initially, a frame is required by which first-stage units may be defined and selected. For the second stage of selection, a frame is required by which second-stage units may be defined within the first stage units which have been selected. One of the advantages of multistage sampling is that, second-stage frames are only required for selected first stage units and so on.

The sampling units of the first stage are called Primary Sampling Units (PSU's). The sample obtained from the selected PSU's are named Primary Selections (PS's). In our case, the blocks are the PSU's and the women selected into the sample comprise the PS's. Among diverse selection procedures, clustering often has by far the greatest effect on both the variance and the cost. The distribution of the population in those clusters is generally not random. Instead, it is characterized by some homogeneity that tends to increase the variance of the sample. The measure of that homogeneity is ROH (coefficient of intraclass correlation). In other words, ROH measures the homogeneity in terms of the portion of the total element variance that is due to group membership. If the variable is distributed completely at random among the clusters, then we expect a ROH of zero, and the design effect = 1.

The homogeneity, ROH, has distinct values for diverse variables and for different populations. For a specified variable and population, its value depends on the nature and size of the clusters. Larger clusters tend to have a smaller ROH.

A sampler may decrease the homogeneity of the sample clusters with judicious sub-sampling procedures. For example, with systematic selection, a sample of four dwellings can be spread around the block; this should produce less homogeneity than a cluster of four adjacent dwellings.

The variance of cluster samples, particularly in social research, is typically greater than for a comparable sample of elements. The variance can be reduced by using stratification. Cluster samples are generally selected with stratification, because stratification has more advantages for cluster than for element sampling. In our case, we will stratify by socioeconomic level: poor versus non-poor. Although strata and clusters are both groupings of elements, they serve entirely different sampling purposes. Since strata are all represented in the sample, it is advantageous if they are internally homogeneous in the survey variables. On the other hand, with only a sample of clusters being sampled, the ones selected need to represent the ones unselected; this is best done when the clusters are as internally heterogeneous in the survey variables as possible.

In most clustered samples, we must deal with clusters of unequal sizes. Selecting unequal clusters creates several problems. The coefficient of variation among clusters can be reduced by:

- a. selecting a larger number of clusters,
- b. for a fixed number of clusters, it can be reduced with several selection techniques:
 1. stratification according to size,
 2. dividing and combining the natural clusters to create more equal artificial clusters,
 3. sub-sampling with probabilities proportional to cluster size (PPS).

In our case, we will use the PPS approach. Larger areas are more likely to have multiple clusters selected from them.

Once the clusters are selected, we have to proceed to the second sampling stage. Here again, we can select between drawing a probability sample (a simple random sample, a systematic random sample, a stratified sample, or a cluster sample) or a non-probability sample (quota sample, chunk sample, volunteer sample).

Ideally, probability samples are specified so that we can make reliable estimates of the whole population. But although we design our samples properly, most of them will break down somewhat during the selection process. Indefinite population, unavailable or inaccurate lists, small budgets, time pressures, inadequate supervision, and inexperienced fieldworkers all create disruptions of sampling theory that change probability samples to non-probability samples. Although we rarely achieve true probability sampling, we must make every effort to control the influence of personal biases along the way, so that we end up as close to our probability design as possible.

Non-probability samples are samples that use human judgment in selecting respondents. Such judgmental samples have no theoretical basis for estimating population characteristics. There is no mathematical theory to stipulate the chance of any unit being selected in a sample by personal preference. Judgmental samples tend to be flawed by human biases influencing the sample uniformly in one direction or another. The use of statistics based on mathematical models is invalid for generalizing to populations from such non-random samples.

A quota sample relies on the judgment and ability of interviewers to select respondents according to certain categories such as age, gender, ethnic group, income or whatever. A team of interviewers may be each instructed to find wherever they can in a given area, say 20 respondents - five women and five men under age 40 and five women and five men over age 40. Often, the reason for using quota sampling is to save the cost of time and travel that is required for interviewers to make callbacks and keep appointments, when specifically designated respondents are not at home. With the interviewers free to fill a quota, however, we have no way of figuring the chance for each household or type of person to get into the sample. This method is not a probability sample and we know nothing of sampling error and precision of findings.

Size of the Sample

The size of the population does not have anything to do with the size of the sample. The sample size is dictated by:

1. the desired level of precision,
2. the homogeneity of the sample (the more homogeneous, the smaller the size),
3. previous information,
4. sampling procedure (for the same level of precision, we need the smallest size when using stratification, and the largest when we use cluster sampling),
5. resources
6. number of analysis categories,
7. geography,
8. type of measurement.

Cluster sample sizes become smaller and results better when each cluster is a heterogeneous mixture of many population characteristics, and each is as similar to the composition of the other clusters as possible. This is just the opposite of stratified sampling, which seeks homogeneity within strata and heterogeneity between them.

Precision is a measure of the risk associated with using information. It states how close the sample estimate is to the population value - how close the generalization is to the truth.

The question of precision involves two factors:

1. how much error can we tolerate;
2. how confident we must be that the sampling error is not greater than we specify.

How much error we will tolerate depends on a second factor: the expected occurrence of the population characteristic being estimated.

In our case, if we decide to tolerate an error of 3%, we determine to be 95% confident that the sampling error is not greater than 3%, and we estimate that 50% of the women have difficulties in accessing prenatal care service¹; we will need a sample of 280 women.

$$SE^2(p) = \frac{pq}{n}$$

n = sample size
 SE = standard error = 3%
 p = 50% of the women have difficulties in accessing prenatal health care
 q = 1-p

If we set the SE at 5% the sample size gets reduced to 100 women.

These calculations assume simple random sampling (SRS), and modifications are needed for other sample designs. In addition, we need to account for the rate of non-response. In order to calculate the design effect, we need to know which is the number of women to be interviewed in each cluster. The number of units per cluster is determined based on the organization of the field work. The estimates of population for 1990, in Nogales, are the 25,000 persons, of those, 4,772 are women between 18 and 44 years of age. The total number of dwelling units is 4,773; therefore, there is an average of one woman between 18 and 44 years of age per HH. In 1988 and 1989, there were 609 and 620 births to Nogales residents, and approximately 35% of the women between the above specified ages were in the labor force in 1980. Assuming that we will include in our sample all the women that had been pregnant during the last two years and all women that have been working during the last year, we will find a women with a child every four doors, and a working women at least every three doors; in other words, in a cluster of 30 dwelling units, there are likely to be ten working women and seven women that have had a baby. Assuming that some of the women with babies are also working, we will have an average of 12 interviews to be completed in each cluster (the equivalent to one day of work for two interviewers).

¹ We do not have any data to substantiate that 50% of the population has difficulties in accessing prenatal care services, but since "pq" is largest at p=q=50%, a conservative approach is to set "p" equal to a percentage as close to 50% as is likely to occur.

$$\text{Design effect} = \text{ROH} (b-1) + 1$$

ROH = Coefficient of intraclass correlation, since it varies for each variable, and we do not have any previous data; we can use 0.05 which is considered a medium degree correlation.

b = number of elements in each cluster

$$\text{Therefore: DE} = 0.05 (12-1) + 1 = 1.55$$

Assuming a 15 % rate of non-response, the sample size would be:

$$\text{Sample size} = \text{DE} \times 280 (n) + 15\% \times n (\text{non-response}) = 476^2$$

The number of clusters that we need to sample from is equal to $(n/b) = 476/12 = 40$.

Forty-one percent of the chosen clusters have to be in the poor areas and 59% in the non-poor areas. In other words, 16 clusters will be selected in the poor areas and 24 in the non-poor. The selection interval for the poor areas is $1957/16 = 122.3$ and the random start is 56. For the non-poor areas, the selection interval will be $2816/24 = 117.3$ and the random start 11.

Tables 1 and 2 show the clusters that have been selected.

Sampling Procedures

1. Make a sampling frame list of all the areas in Nogales with the number of dwelling units in each area.
2. Order areas in two groups: poor and non-poor.
3. Eliminate the blocks where we are not likely to find women between 18 and 44 years of age, such as elderly housing units.
4. Determine the cluster and the sample size.
5. Allocate clusters to each area with probability proportionate to size.
6. Choose blocks of houses to represent clusters for each area.
7. Conduct a census of all the dwelling units in each cluster, each cluster has to have at least 30 dwelling units.
8. Choose all women in the selected clusters that have been pregnant during the two years previous to the study, or that have worked (are working) during the last year.

² This sample size has to include at least 406 eligible women that have been pregnant in the last two years, the number of completed interviews needed is 364. If we are expecting to find 7 women with babies, per cluster, the design effect is only 1.3. therefore the sample size needed is 364 plus 15% for non-response.

The Sampling Frame

A sampling frame includes all census tracts and blocks in Nogales. The official census of Nogales is being contested by the community; we chose to use the community estimates instead of the official ones. All areas were divided in two groups: poor and non-poor.

For each group (poor, non-poor) we had information on the number of dwelling units per census tract and block. To get the cumulative number of dwelling units needed to draw a sample proportional to the size of each area was simply a matter of adding the number of dwelling units in area 1 to the number in area 2, and then adding the number for area 3 to the accumulated total for areas 1 and 2, and so on.

Each group (poor, non-poor) was assigned clusters in a similar but separate manner. As we said before, the selection interval (SI) for the poor areas was 122 dwelling units, and for the non-poor 117. The random start for the former group was 56 and for the later 11. Areas with more dwelling units were assigned more clusters than areas with less dwelling units. When there were areas that contained more than one cluster, we divided the area in as many clusters of 30 dwelling units as they existed, and using a simple random sampling (or in some cases systematic random sampling) procedure chose the selected number of clusters. If areas selected had less than 30 dwelling units, we complemented the number with the nearest neighborhood until having clusters of at least 30 dwelling units each.

If the area had more than 150 dwelling units, instead of choosing the block by simple random sample, we used the systematic random sampling technique in order to avoid selecting a geographically maldistributed sample. The selection was done as follows:

- $$- SI = \frac{\text{total \# of eligible dwelling units}}{\text{\# of clusters needed}}$$
- choose a random starting point between 1 and SI
 - the random start number is the first block chosen
 - the second is the random start number + SI
 - the third is the second number + SI
 - and so on

Once each cluster was identified, interviewers had to conduct a census of the cluster identifying all eligible women and conduct the interviews. All clusters had to have at least 30 occupied dwelling units. All eligible women were to be interviewed. The solution of including all the elements in the selected cluster in the sample has the benefit of giving the elements the same chance of appearing in the sample as their dwelling units, and if the dwellings are selected adequately, so are the individuals. In our case, this solution will work because most dwellings will contain only one eligible woman, and when there is more the number is small.

Before starting the actual field work, we drove to each selected cluster to verify that we had the correct number of dwelling units. Cluster number 26 had to be substituted because the number of households in the census sheets was wrong. Each cluster was drawn using FORM 4.

TABLE 1

CLUSTER SECTION: POOR

CT	BLOCKS	DU(#)	CUMULATIVE DU#	CLUSTERS SELECTED
9964-1 101	53	53		
	103	46	99	1(56)
	106	21	120	
	107	16	36	
	108	27	163	
9964-2	202	265	428	3(178)(300)(422)
	205	7	435	
	206	45	480	
	208	38	518	
	209	22	540	
	211	31	571	1(544)
	213	46	617	
	214	10	627	
	215	39	666	1(666)
	217	32	698	
	218	6	704	
9964-3	323	39	743	
	324	7	750	
	326	31	781	
9962-2	201	108	889	1(788)
	214	83	972	1(910)
	217	7	979	
	218	25	1004	
	219	29	1033	1(1032)
	220	28	1061	
	221	13	1074	
	222	11	1085	
	223	13	1098	
	224	16	1114	
9962- 9963-3	304	44	1158	1(1154)
	307	19	1177	
	310	37	1214	
	313	190	1404	2(1276)(1398)
9963-4	406	11	1415	
	408	20	1435	
	409	234	1669	2(1520)(1642)
	415	119	1788	1(1764)
	416	67	1855	
	417	26	1881	
9961-5	527A	28	1909	1(1886)
	534A	48	1957	

CLUSTER	CT	BLOCK	TEXT
Cluster 1	9964-1	Block 103	(Random Start of 30 HH)
Cluster 2, 3, 4	9964-2	Block 202	(There are 265 DU - need to be divided into 8 sections of 30 - we will have 3 clusters here)
Cluster 5	9964-2	Block 211	
Cluster 6	9964-2	Block 215	
Cluster 7	9962	Block 201	(There are 108 DU - need to be divided into 3 sections and 1 section is selected randomly)
Cluster 8	9962	Block 214	(There are 83 HH - need to be divided into 2 sections, 1 section is selected randomly)
Cluster 9	9962	Block 219	(There are only 29 HH - it is possible that we will need one more HH from 218)
Cluster 10	9963-3	Block 304	(Exclude Lidia Castro 2512 A, and Jovita Millay 2510 A & B; random start and count 30 HH)
Cluster 11, 12	9963-3	Block 313-4	(There are 190 DU - need to be divided by 6 and take 2 clusters)
Cluster 13, 14	9963-4	Block 409	(There are 234 DU - need to be divided into 7 sections and choose 2 clusters)
Cluster 15	9963-4	Block 415	(There are 119 DU - need to be divided into 4 sections and choose 1 cluster)
Cluster 16	9961-5	Block 527A	(There are 28 DU - need to add at least 2 DU from 534A)

TABLE 2

CLUSTER SECTION: NON POOR

CT	BLOCK	DU(#)	CUMULATIVE #DU	CLUSTER SELECTED
9964-1	114	97	97	1(11)
	116	44	141	1(128)
	118	16	157	
	119	10	167	
	204	19	186	
	216	10	196	
	302	7	203	
	303	51	254	1(245)
	304	38	292	
	306	130	422	1(362)
	307	128	550	1(479)
	308	61	611	1(596)
	309	14	625	
	310	10	635	
	311	4	639	
	312	16	655	
	313	21	676	
	314	14	690	
	315	40	730	1(713)
	316	9	739	
	317	36	775	
	318	11	786	
	319	12	798	
	320	8	806	
	321	8	814	
	322	19	833	1(830)
	327	22	855	
9962-	103A	36	891	
	105A	1	892	
	106A	61	953	1(947)
	108	44	997	
	109	5	1002	
	110	51	1053	
	113	15	1068	1(1064)
	115	58	1126	
	117	38	1164	
	119	17	1181	1(1181)
	120	13	1194	
	202	51	1245	
	203	17	1262	
	204	27	1289	
	205	16	1305	1(1298)
	207	36	1341	
	208	29	1370	
	210	58	1428	1(1415)
9963-1	101A	3	1431	
	102A	3	1434	

CT	BLOCK	DU(#)	CUMULATIVE #DU	CLUSTER SELECTED
	103A	3	1437	
	104B	3	1440	
	105	98	1538	1(1532)
	108	32	1570	
	109	10	1580	
	110	16	1596	
	112	22	1618	
	113	16	1634	
9963-1	114	7	1641	
	115	50	1691	1(1649)
	116	15	1706	
	117B	20	1726	
9963-2	201	3	1729	
	203	1	1730	
	204	4	1734	
	205	395	2129	2(1766)(1883)
				1(2000)
	207	14	2143	1(2117)
	208	12	2155	
	210	5	2160	
	213	7	2167	
	214	13	2180	
	215	18	2198	
	216	38	2236	1(2234)
	217	25	2261	
	218	25	2286	
	219	10	2296	
	220	4	2300	
	221	7	2307	
	224	23	2330	
	226	16	2346	
9963-3	301	20	2366	1(2351)
	302	12	2378	
	308	16	2394	
	309	37	2431	
9963-4	401B	17	2448	
	402	73	2521	1(2468)
9963-4	403	6	2527	
	405	75	2602	1(2585)
	407	18	2620	
	411	6	2626	
	412	11	2637	
	413	89	2726	1(2702)
	418	10	2736	
	420	41	2777	
	421	39	2816	

TOTAL DU = 4773

POOR = 41%
NON-POOR = 2816 = 59%

CLUSTER	CT	BLOCK	TEXT
Cluster 17	9964-1	Block 114	(There are 97 DU - need to be divided into 3 sections and 1 cluster selected)
Cluster 18	9964-1	Block 116	
Cluster 19	9964-3	Block 303	
Cluster 20	9964	Block 306	(There are 130 DU - need to be divided into 4 sections and 1 chosen)
Cluster 21		Block 307	(There are 128 DU - need to be divided into 4 sections and 1 chosen - exclude Leglue 836 A-F, 842 A-D, 850 A-D)
Cluster 22		Block 308	(There are 61 DU - need to be divided into 2 sections and 1 chosen)
Cluster 23		Block 315	
Cluster 24		Block 322	(There are 19 DU - need to be expanded with 321 and 320 until the number of DU is 30)
Cluster 25	9962	Block106A	(There are 61 DU - need to be divided into 2 sections and choose 1)
Cluster 26		Block 113	(There are 15 DU - need to take 15 DU from block 115)
Cluster 27		Block 119	(There are 17 DU - need to add from 117 or from 120)
Cluster 28		Block 205	
Cluster 29		Block 110	(Count only 30 DU)
Cluster 30	9963-1	Block 105	(There are 98 DU - divide into 3 sections and choose 1)
Cluster 31		Block 115	(Count up to 30 Du)
Cluster 32,33,34	9963-2	Block 205	(There are 395 DU - need to be divided into 13 sections and 3 are to be chosen)
Cluster 35		Block 207	(There are only 14 DU - need to add 16 DU from block 208)
Cluster 36		Block 216	
Cluster 37	9963-3	Block 301	(Only 20 DU - need to add 10 from block 302)
Cluster 38	9963-6	Block 402	(73 DU - need to be divided into 2 sections and 1 chosen)
Cluster 39		Block 405	(75 DU - divided into 2 sections and choose 1)
Cluster 40		Block 413	(89 DU - divided into 2 sections and choose 1)

Exclude Bungalow CT 120 A - F
140 A - F

SUMMARY OF FIELD WORK

The following information has been abstracted from the information gathered in FORM Although is not completely accurate is the closest approximation to what was done duri the field work.

Cluster #	Total # HH	# HH Unoccupied	# Refusals			Couldn't Interview		Complete Interview			Never Found Anyone
			PNC	W	?	PNC	W	PNC	W	?	
1	59	7		1		1	3	14	10	1	1
2	34	1		2	2		1	1		3	4
3	39			1				7	8	1	
4	35	1		1	1		2	6	5	2	
5	38	4		1	1		3	2	5	1	2
6	37	1					1	4	10	3	
7	44		1		2			8	11	7	
8	37			1			1	2	12	2	
9	41			3			2	10	11	2	4
10	42	2	2		2		2	4	11		
11	44	1			1			8	8	3	
12	40	1		2			1	8	8	3	
13	39	2	2	1			2	1	7	1	
14	36	1	1	2	1		2	6	13		
15	47	2	1	2		2	6	3	5	1	3
16	36			2	1			3	11		
17	35	1			1		4	2	4		
18	40	1		1		1	1	3	6	2	1
19	44			1	1		2	3	3	1	
20	41		1				3		2		
21	36	1	1	1			2	3	6	1	1
22	33						2	4	9	1	
23	35	1			1			8	6	4	
24	32	2	1				1	5	5	1	
25	32	2						2	7	1	
26	36	1	1	2	4		2	5	6		
27	39	2		1		1	2	3	7	1	
28-29	65	5			1		1	8	8	1	
30	33	3					2	1	7		
31	32	2		1	1		2	2	5	2	
32	33	1		1			1	6	8	1	
33	38			3	1	1		2	6	2	
34	31		1	3	2		2	4	6		
35	29			2				2	4	3	
36	32			2				2	9	2	1
37	31			2			1	4	8	1	
38	40	3				1		2	10		
39	31							6	8		
40	50			4			1	3	5	1	1
TOTALS	1496	47	12	43	23	7	55	167	283	19	51

HH = Households

PNC = Childbearing Women

W = Working Women

? = Unknown

- The average number of HH per cluster = 36
- The average number of women who had a baby in the last two years per cluster = 4.8
- The average number of women that have worked during the last 12 months per cluster = 10.3
- We found a woman with a baby every 7.5 households
- We found a working woman every 3.5 households
- Total number of households visited = 1496
- Total number of households unoccupied = 47 = 3.1%
- Total number of households did not answer = 51 = 3.4%
- Dwelling unit non response = 6.6%
- Women with babies that refused = 12
- Working women that refused = 43
- Household refusals = 23
- In the worst scenario, all 23 HH would have had an eligible woman. Keeping with the proportions of the survey, eight (8) would have been women with babies and 15 working women. That would bring the number of refusal for women with children up to 20 and for working women up to 58.
- We could not interview seven (7) women that had babies nor 55 working women.
- Non response = could not interview and refusals
 - For women with babies = 27
 - For working women = 113
- Complete # of interviews: Women with babies = 167
Working women = 302
- Total # of eligible women with babies = 194 (27 + 167)
- Total # of eligible working women = 415 (302 + 113)
- 27% non response for working women
- 14% non response for pregnant women
- We interviewed a woman with a baby every 8.18 HH (average 4.4 per cluster)
- We interviewed a working woman every 4. HH (average 8.92 per cluster)
- The design effect for:
 - Pregnancy questions = $0.05 (3.4) + 1 = 1.17$
 - Working conditions questions = $0.05 (7.95) + 1 = 1.396$
 - All other questions = $0.05 (9) + 1 = 1.45$

When calculating the standard error, we used the number of record included in our data base. Therefore, you can see that we have 165 pregnant women, 317 working women, and a total of 411 completed interviews.

- The standard error for:
 - Pregnancy questions = $\sqrt{\frac{.25}{165}} = 0.0389 \approx 0.04$
 - Working conditions = $\sqrt{\frac{.25}{317}} = 0.02808 \approx 0.03$
 - All other questions = $\sqrt{\frac{.25}{411}} = 0.02466 \approx 0.02$

APPENDIX II

**NOGALES, ARIZONA
COMMUNITY-BASED SURVEY QUESTIONNAIRE
(ENGLISH VERSION)**

**NOGALES, SONORA, MEXICO
COMMUNITY-BASED SURVEY QUESTIONNAIRE
(SPANISH VERSION)**

PRIMARY HEALTH CARE REVIEW

Arizona Healthy Mothers/Healthy Babies Coalition
of Santa Cruz County
and
Southwest Border Rural Health Research Center
University of Arizona

INFORMED CONSENT FOR COMMUNITY SURVEY

I am working with the University of Arizona and the Healthy Mothers/Healthy Babies Coalition in Santa Cruz County. I'd like to talk to you about your health, where you go for care, and problems you have getting care. We are doing this to help community leaders plan for better health care.

We are talking to people all over the city of Nogales. We will be visiting a few houses in this neighborhood. Because we cannot talk to everyone, we chose only a few houses purely by chance. Yours is one of them.

I need to talk to you for about 40 minutes. If there are any questions that you do not want to answer, just tell me, and we will skip them. If you want to stop the interview, just tell me. You do not have to talk to me, if you don't want to. If you refuse to participate, it will not affect your eligibility for public services. There is no financial or other benefit from participating.

The information you give me is confidential. Your name and address will **NOT** be used or known to anyone. Your information will be put together with others for a public report to the planners.

I understand this information and agree to be interviewed.

Signature of Respondent

Date

If you have questions about the survey, please contact any of these people:

Gene Cota, Chair Primary Health Care Review 287-5075
Nogales, Arizona

Jill Guernsey de Zapien, Coordinator (602) 626-7946
Primary Health Care Review
University of Arizona
Tucson, Arizona

Janet Paz, member Primary Health Care Review 281-4965
Nogales, Arizona

CODED BY: _____
DATE CODED: ____/____/____

ENTERED BY: _____
DATE ENTERED: ____/____/____

VERIFIED BY: _____
DATE VERIFIED: ____/____/____

Nogales Primary Health Care Review Women's Survey

1. Document identification number:

--	--	--

2. Cluster number:

--	--

3. Interviewer's identification number (name): _____

--	--

4. Date of interview: month

--	--

day

--	--

5. Respondent's first name: _____ (not entered)

First, I would like to ask you about all the people who are living in this house.

6. Please name the head of the family and tell me the age. Now if you could give me the first names, ages sex and relationship to the head of the household of all of the other people living in the house.

First Name
[Not Entered]

Sex
M F

Age

Relationship

	1	2		Head
	1	2		
	1	2		
	1	2		
	1	2		
	1	2		
	1	2		
	1	2		
	1	2		
	1	2		
	1	2		
	1	2		

Total number of persons in the household

--	--

--	--	--

[INTERVIEWER: PLEASE FILL IN THE FOLLOWING QUESTIONS WITH THE INFORMATION PROVIDED IN QUESTION 6. VERIFY WITH THE RESPONDENT THE ANSWER YOU ARE ENTERING.]

6a. Indicate the respondent's marital/relationship status:

Single. 01
 Married/Living Together. 02
 Separated or divorced. 03
 Widowed. 04
 Don't know 88
 Refused to answer. 99

6b. Enter the respondent's age (in years).

number

6c. How many people are in the respondent's family (people living in this household that are related to the respondent by birth, marriage or adoption)?

number

6d. How many members in the respondent's family are under 18 years of age and unmarried ?

number

Now I would like to talk to you about yourself and your children.

7. Have you had a child (baby) in the past two years?

Yes 01
Go to Question 33 No 02
 Don't know. 88
 Refused 99

8. How many times have you been pregnant (in your entire life? Be sure to include all your pregnancies whether they ended in miscarriages, still births, abortions, or live births.
[EXCLUDE CURRENT PREGNANCIES]

(The addition of these 4 items is the total number of pregnancies)

☐ Total number of pregnancies . . .
☐ Total number of miscarriages. . .
☐ Total number of still births . . .
☐ Total number of abortions . . .
 Total number of live births. . .
 Don't know 88
 Refused 99

Now I would like to ask you some questions about your last pregnancy.

[UNLESS THE LAST PREGNANCY TERMINATED IN DEATH OF THE CHILD, ENTER THE NAME OF THE LAST CHILD BORN: _____]

9. During your last pregnancy did you go for prenatal care; that is, did you go to anyone to check how your pregnancy was doing? (Excluding the visit to confirm your pregnancy)

Yes 01
Go to Question 9a No 02
 Don't Know 88
 Refused 99

9a. Why did you not go to anyone? [VERBATIM]

 what else? _____

Go to Question 14

--	--	--

10. Please look at Card A and tell me all the places you went for prenatal care in the U.S. and in Mexico, or in other places.

[Hand Respondent Card A]

In the U.S.

Curandero or Sobador in Nogales, Az. .	01
Partera in Nogales, Az.	02
Pharmacy in Nogales, Az.	03
Health Department Clinic in Nogales, Az	04
Mariposa Clinic in Nogales, Az.	05
Private Doctor's Office in Nogales, Az. .	06
Hospital in Nogales, AZ.	07
Hospital Outside of Nogales, AZ.	08
Other.	09
Specify _____	
Don't Know.	88
Refused to Answer.	99

In Mexico

Curandero or Sobador.	11
Partera.	12
Pharmacy.	13
Salubridad.	14
IMSS/ISSSTE Clinic.	15
Private Doctor's Office.	16
Hospital in Nogales, SON.	17
Hospital outside of Nogales, SON.	18
Other.	19
Specify _____	
Don't know.	88
Refused to Answer.	99

Other

Place other than U.S. or Mexico. . .	21
Specify _____	

(If Mexican services were used, ask:)

- 10a. What were your reasons for going to Mexico as opposed to using the U.S. services?
[VERBATIM]

what else? _____

--	--	--

11. How did you pay for your prenatal care? Please look at Card B and tell me the ways.
[Mark all Applicable) (HAND RESPONDENT CARD B)]

Cash (paid in full)	01
Installments	02
Sliding Fee Scale.	03
CHAMPUS.	04
Medicare	05
AHCCCS	06
Private Insurance	07
Special program	08
Specify _____	
Free	09
Other	10
Specify _____	
Don't know	88
Refused	99

12. When was your first prenatal visit? (How far along, how many months was your pregnancy when you went?) (Excluding the visit where your pregnancy was confirmed)

Number of months.

--	--

 Don't know. 88
 Refused 99

13. How many prenatal visits did you make? (Total number of visits, includes all types of providers on both sides of the border) (Excluding the first visit for confirming the pregnancy)

Number of visits.

--	--

 Don't know. 88
 Refused 99

14. What were the main problems for you to get prenatal care services in Nogales, Arizona?
 For example: transportation problems, paying for care, etc.)
[VERBATIM, WRITE ALL THE ANSWERS GIVEN.]

what else? _____

15. What would you like to see happen to make prenatal care services better for you and the couples in this area?

[VERBATIM, WRITE ALL THE ANSWERS GIVEN.]

what else? _____

--	--	--

PRENATAL HEALTH BEHAVIOR

Now I would like to talk to you about things you may have done during your pregnancy.

16. During your last pregnancy, did you smoke any cigarettes?

Yes 01
No 02
Don't Know ... 88
Refused 99 | |

17. During your last pregnancy, did you drink any alcoholic beverages (liquor, wine, beer, liqueurs)?

Yes 01
No 02
Don't Know ... 88
Refused 99 | |

18. During your last pregnancy, did you ever smoke or eat marijuana?

Yes 01
No 02
Don't Know ... 88
Refused 99 | |

19. During your last pregnancy, did you use cocaine in any form (including powder, crack or freebase)?

Yes 01
No 02
Don't Know ... 88
Refused 99 | |

20. During your last pregnancy, did you use any other type of illegal drugs such as LSD (acid), PCP (angel dust), "Ecstasy," mushrooms, speed or heroin?

Yes 01
No 02
Don't Know ... 88
Refused 99 | |

21. During your last pregnancy, did you use inhalants such as gasoline, spray paint, glue, toluene, lacquer thinner, paint solvents, etc., for the fun of it or the pleasure of it?

Yes 01
No 02
Don't Know ... 88
Refused 99 | |

Now I'd like to talk about your delivery.

22. When was the last child born [name of child]?

| | | |
mo. yr.

23. What country was the child born in?

U.S.A. 01
Mexico 02
Other 03
Specify _____
Don't know ... 88
Refused 99 | |

--	--	--

24. Where did the delivery happen? Look at Card C and tell me the kind of place.
[Hand Respondent Card C]

In the U.S.

At own home.	01
At home of friend or relative	02
Curandero or sobador	03
Partera	04
Community health center or clinic.	05
Private doctor's office in Nogales.	06
Emergency room in Nogales	07
Emergency room outside Nogales.	08
Hospital in Nogales	09
Hospital outside Nogales	10
Other	11
Specify _____	
Don't know	88
Refused	99

In Mexico

At own home.	21
At home of friend or relative	22
Curandero or sobador	23
Partera	24
Salubridad	25
Emergency Room	26
IMSS/ISSTE in Nogales	27
Hospital outside Nogales	28
Other	29
Specify _____	
Don't know	88
Refused	99

Other

Place other than U.S. or Mexico	31
Specify _____	

(If Mexican services were used, ask:)

→ 24a. What were your reasons for going to Mexico to deliver the baby?[**VERBATIM**]

what else? _____

--	--	--

25. Were you planning to deliver at (place in question 26)?



Go to Question 25a

Yes 01

No 02

Don't Know . . . 88

Refused 99

25a. Where were you planning to deliver (refer to Card C)?

25b. Why did you change your mind?[**VERBATIM**]

what else? _____

26. What were the main problems for you to get professional medical care during labor and delivery in Nogales, Arizona? (for example: transportation, paying for care). [**Verbatim, write all the answers given.**]

what else? _____

27. What would you like to see happen to make labor and delivery care better for you and the women in this area? [**Verbatim, write all the answers given.**]

what else? _____

28. How did you pay for the delivery of your youngest child [name of child]? Please look at card B and tell me all the ways. [**Hand Respondent Card B**]

Cash (paid in full) 01

Installments 02

Sliding Fee Scale. 03

CHAMPUS. 04

Medicare 05

AHCCCS 06

Private Insurance 07

Special program 08

Specify _____

Free 09

Other 10

Specify _____

Don't know 88

Refused 99

--	--	--

29. Did you breastfeed your youngest child [name of child] even if it was for a short time?
[PROBE Did you try to breastfeed?]

Go to Question 29a Yes 01
 Go to Question 29a No 02
 Go to Question 29a Don't know ... 88
 Go to Question 29a Refused 99

29a. Are you still breastfeeding your child?

Yes 01
 No 02
 Don't know ... 88
 Refused 99

29b. How long did you breastfeed your youngest child?

< 1 month. 01
 1-3 months. ... 02
 4-6 months. ... 03
 7-9 months. ... 04
 > 9 months ... 05
 Don't know ... 88
 Refused 99

30. How old was your youngest child when he/she started eating solid food
(such as cereal, strained foods or other non-liquid foods) on a daily basis?

< 1 month 01
 1-3 months. ... 02
 4-6 months. ... 03
 7-9 months. ... 04
 > 9 months ... 05
 Has not started. 06
 Don't know ... 88
 Refused 99

--	--	--

INFANT'S AND CHILDREN'S HEALTH

Now I would like to ask you some questions about your children.

[Look at Q. 6 and confirm if there are any children who are less than one year old]

Go to Question 33

Yes	01
No	02
Don't know ...	88
Refused	99

How many?

List the children's names [not entered]:

{First, let's talk about child #1.}

30a. How many months old is this child [first name]?

_____ months
Don't know88
Refused99

30b. How many times has this child had an episode of diarrhea in the past year?
By diarrhea, I mean a loose or watery bowel movement that occurred at least twice in one day.

_____ times
Don't know88
Refused99

30c. How many times has this child had a respiratory infection (such as a cold, bronchitis, pneumonia) which caused coughing and fever in the past year?

_____ times
Don't know88
Refused99

30d. How do you rate the health of this child?

Excellent	01
Very good	02
Good	03
Fair	04
Poor	05
Don't know ...	88
Refused	99

{ Let's talk about child #2.}

31a. How many months old is this child[first name]?

_____ months
Don't know88
Refused99

31b. How many times has this child had an episode of diarrhea in the past year?
By diarrhea, I mean a loose or watery bowel movement that occurred at least twice in one day?

_____ times
Don't know88
Refused99

--	--	--

31c. How many times has this child had a respiratory infection (such as a cold, bronchitis, pneumonia) which caused coughing and fever in the past year?

times

Don't know88

Refused99

31d. How do you rate the health of this child?

Excellent 01

Very good 02

Good 03

Fair 04

Poor. 05

Don't know . . . 88

Refused 99

{ Let's talk about child #3.}

32a. How many months old is this child [first name]?

months

Don't know88

Refused99

32b. How many times has this child had an episode of diarrhea in the past year?
By diarrhea, I mean a loose or watery bowel movement that occurred
at least twice in one day?

times

Don't know88

Refused99

32c. How many times has this child had a respiratory infection (such as a cold, bronchitis, pneumonia) which caused coughing and fever in the past year?

times

Don't know88

Refused99

32d. How do you rate the health of this child?

Excellent 01

Very good 02

Good 03

Fair 04

Poor. 05

Don't know . . . 88

Refused 99

--	--	--

Now I would like to ask you some questions regarding your children five years old or less.

33. [LOOK IN Q. 6 AND CONFIRM IF THERE ARE ANY CHILDREN WHO ARE 5 YEARS OLD OR LESS (INCLUDING THOSE UNDER 1 YEAR OF AGE.)]

Yes 01
 Go to Question 39 No 02
 Don't know 88
 Refused 99

How many?.....

List the children's names [not entered]:

{First, let's talk about child #1.}

33a. How often does this child [first name] use a child restraint seat?

Never..... 01
 Sometimes.... 02
 Often..... 03
 All the time... 04
 Don't know 88
 Refused 99

33b. Who is the main person who takes care of this child in your home?

Mother 01
 Father 02
 Family Member 16 years or over..... 03
 Family Member under 16 years. 04
 Other Person 05
 Don't know 88
 Refused 99

33c. Do you use some form of child care for this child on a regular basis?

Yes 01
 Go to Question 34a No 02
 Don't know 88
 Refused to Answer.... 99

33d. Which of the following types of child care do you use most often for this child?

	YES	NO	D.K.	Refused
Private day care center	01	02	88	99
Santa Cruz County	01	02	88	99
Child Care Center				
Family member	01	02	88	99
Friend	01	02	88	99
Someone other than family	01	02	88	99
or friend who cares				
for children				

--	--	--

{Let's talk about child #2.}

34a. How often does this child [first name] use a child restraint seat?

Never. 01
 Sometimes. . . 02
 Often. 03
 All the time. . 04
 Don't know . . . 88
 Refused 99

--	--

34b. Who is the main person who takes care of this child in your home?

Mother 01
 Father 02
 Family Member 16 years or over 03
 Family Member under 16 years 04
 Other Person 05
 Don't know 88
 Refused 99

--	--

34c. Do you use some form of child care for this child on a regular basis?

Yes 01
 No 02
 Don't know 88
 Refused to Answer. . . 99

--	--

--	--	--

34d. Which of the following types of child care do you use most often for this child?

	YES	NO	D.K.	Refused			
Private day care center	01	02	88	99	<table border="1"><tr><td></td><td></td></tr></table>		
Santa Cruz County Child Care Center	01	02	88	99	<table border="1"><tr><td></td><td></td></tr></table>		
Family member	01	02	88	99	<table border="1"><tr><td></td><td></td></tr></table>		
Friend	01	02	88	99	<table border="1"><tr><td></td><td></td></tr></table>		
Someone other than family or friend who cares for children	01	02	88	99	<table border="1"><tr><td></td><td></td></tr></table>		

{Let's talk about child #3.}

35a. How often does this child [first name] use a child restraint seat?

Never..... 01
 Sometimes... 02
 Often..... 03
 All the time... 04
 Don't know... 88
 Refused..... 99

--	--

35b. Who is the main person who takes care of this child in your home?

Mother..... 01
 Father..... 02
 Family Member 16 years or over..... 03
 Family Member under 16 years..... 04
 Other Person..... 05
 Don't know..... 88
 Refused..... 99

--	--

35c. Do you use some form of child care for this child on a regular basis?

Yes..... 01
 No..... 02
 Don't know..... 88
 Refused to Answer... 99

--	--

Go to Question 36a

35d. Which of the following types of child care do you use most often for this child?

	YES	NO	D.K.	Refused			
Private day care center	01	02	88	99	<table border="1"><tr><td></td><td></td></tr></table>		
Santa Cruz County Child Care Center	01	02	88	99	<table border="1"><tr><td></td><td></td></tr></table>		
Family member	01	02	88	99	<table border="1"><tr><td></td><td></td></tr></table>		
Friend	01	02	88	99	<table border="1"><tr><td></td><td></td></tr></table>		
Someone other than family or friend who cares for children	01	02	88	99	<table border="1"><tr><td></td><td></td></tr></table>		

--	--	--

{Let's talk about child #4.}

36a. How often does this child [first name] use a child restraint seat?

Never. 01
 Sometimes. 02
 Often. 03
 All the time. 04
 Don't know 88
 Refused 99

--	--

36b. Who is the main person who takes care of this child in your home?

Mother 01
 Father 02
 Family Member 16 years or over. 03
 Family Member under 16 years 04
 Other Person 05
 Don't know 88
 Refused 99

--	--

36c. Do you use some form of child care for this child on a regular basis?

Yes 01
 No 02
 Don't know 88
 Refused to Answer. 99

--	--

36d. Which of the following types of child care do you use most often for this child?

	YES	NO	D.K.	Refused
Private day care center	01	02	88	99
Santa Cruz County Child Care Center	01	02	88	99
Family member	01	02	88	99
Friend	01	02	88	99
Someone other than family or friend who cares for children	01	02	88	99

37. What are the main problems in getting child care services for these children
 (For example, transportation, cost, etc.)? [VERBATIM]

what else? _____

38. What would you like to see happen to make child care services better
 for you and your family? [VERBATIM]

what else? _____

--	--	--

WOMEN'S HEALTH

Now I would like to ask you some questions about your own health

39. There are many things that a couple can use when the woman does not wish to become pregnant. Which birth control methods have you ever used? [Read each one.]

	YES	NO	D K	Refused
Injection	01	02	88	99
Tubes tied or hysterectomy	01	02	88	99
Pills	01	02	88	99
Jelly, cream or foam	01	02	88	99
Diaphragm	01	02	88	99
Condom	01	02	88	99
Rhythm	01	02	88	99
IUD	01	02	88	99
Cervical Cap	01	02	88	99
Jelly cream/foam & condom	01	02	88	99
Other				
Specify _____	01	02	88	99

Never had sexual relations.03

- 39a. Are you currently pregnant or have you had a baby in the past 40 days?

Go to Question 42 Yes 01

No 02

Don't Know . . . 88

Refused 99

[READ Q.40 IF NOT CURRENTLY PREGNANT]

40. Are you currently using any method of birth control?

Go to Question 40a Yes 01

No 02

Don't Know . . . 88

Refused 99

- 40a. What method of birth control are you currently using? [READ EACH ONE]

	YES	NO	D.K.	Refused
Injection	01	02	88	99
Tubes tied or hysterectomy	01	02	88	99
Pills	01	02	88	99
Jelly, cream or foam	01	02	88	99
Diaphragm	01	02	88	99
Condom	01	02	88	99
Rhythm	01	02	88	99
IUD	01	02	88	99
Cervical Cap	01	02	88	99
Jelly cream/foam & condom	01	02	88	99
Other				
Specify _____	01	02	88	99

Not sexually active.03

--	--	--

[READ QUESTION 41 IF NOT CURRENTLY USING BIRTH CONTROL]

41. Why aren't you using any family planning method? **[VERBATIM]**

what else?

42. Have you ever gotten pregnant using any family planning method?

Yes01
 No02
 Never used Fam. Plan. .03
 Don't know 88
 Refused 99

--	--

43. What are the main problems for you to get family planning services in Nogales, Arizona?
 (For example, transportation, paying for care, etc.)

[Verbatim, write all the answers given]

what else?

44. What would you like to see happen to make family planning services better for you and the community of Nogales, Arizona? **[Verbatim, write all the answers given]**

what else?

--	--	--

45. All couples have times when they have arguments or fights because they disagree about something, or are in a bad mood, or are tired, or for some other reason.

Please look at Card D and tell me if your current or former husband/partner/boyfriend did (has done) any of these things to you while you were pregnant:

Hit, slapped, bit, pushed you?	01
Punched you or kicked you?	02
Threw something at you?	03
Hit you with something hard?	04
Hit you repeatedly or beat you?	05
Threatened to use a weapon (such as knife or a gun) to hurt you?	06
Used a weapon (such as a knife or a gun) to hurt you?	07

Yes 01
 No 02
 Never been pregnant. 03
 Don't Know 88
 Refused 99

46. Look at Card D again, and tell me if your current or former husband/boyfriend/partner/ did (has done) any of these things to you in the past year?

Hit, slapped, bit, pushed you?	01
Punched you or kicked you?	02
Threw something at you?	03
Hit you with something hard?	04
Hit you repeatedly or beat you?	05
Threatened to use a weapon (such as knife or a gun) to hurt you?	06
Used a weapon (such as a knife or a gun) to hurt you?	07

Yes 01
 No 02
 Not Applicable. . 03
 Don't Know. 88
 Refused 99

47. Do you believe that your weight is:

Too heavy 01
 Too light 02
 Just about right 03
 Don't know 88
 Refused 99

48. Do you ever make yourself vomit?

Yes 01
 No 02
 Don't know 88
 Refused to Answer 99

49. Do you ever use laxatives to lose weight?

Yes 01
 No 02
 Don't know 88
 Refused to Answer 99

ID NUMBER

--	--	--

50. Do you ever skip meals to lose weight?

Yes 01
 No 02
 Don't know 88
 Refused to Answer 99

--	--

51. Have you ever had any sexually transmitted diseases?



Yes 01
 No 02
 Don't Know 88
 Refused 99

--	--

51a. Did you have a sexually transmitted disease while you were pregnant?

Yes 01
 No 02
 Never pregnant 03
 Don't Know 88
 Refused 99

--	--

52. Did you have a pap smear (test for cancer, cervical cancer) in the past year?

Yes 01
 No 02
 Don't Know 88
 Refused 99

--	--

53. Were your breasts examined by a doctor/nurse in the past year?

Yes 01
 No 02
 Don't Know 88
 Refused 99

--	--

54. Have you ever examined your breasts for lumps or growths?



Go to Question 54a

Yes 01
 No 02
 Don't Know 88
 Refused 99

--	--

54a. How many times did you examine your breasts for lumps in the past year?

_____ number
 Don't know 88
 Refused 99

--	--

55. How do you rate your health?

Excellent 01
 Very good 02
 Good 03
 Fair 04
 Poor 05
 Don't know 88
 Refused 99

--	--

HEALTH BEHAVIOR

56. During the past year, did you smoke any cigarettes?

Yes 01
 No 02
 Don't Know 88
 Refused 99

--	--

--	--	--

57. During the past year, did you drink any alcoholic beverages (wine, beer, liquor, liquors)?

Go to Question 57a

Yes 01

No 02

Don't Know . . . 88

Refused. 99

57a. Have you felt the need to cut down on your drinking?

Yes 01

No 02

Don't Know . . . 88

Refused. 99

57b. Do you feel annoyed by people complaining about your drinking?

Yes 01

No 02

Don't Know . . . 88

Refused. 99

57c. Do you ever feel guilty about your drinking?

Yes 01

No 02

Don't Know . . . 88

Refused. 99

57d. Do you ever drink an "eye-opener" in the morning to relieve the shakes?

Yes 01

No 02

Don't Know . . . 88

Refused. 99

58. During the past year, did you smoke or eat marijuana?

Yes 01

No 02

Don't Know . . . 88

Refused. 99

59. During the past year, did you use cocaine in any form (powder, crack, freebase, etc.)?

Yes 01

No 02

Don't Know . . . 88

Refused. 99

60. During the past year, did you use any other type of illegal drugs such as LSD (acid), PCP (Angel Dust), "Ecstasy", mushrooms, amphetamines (speed), or heroin?

Yes 01

No 02

Don't Know . . . 88

Refused. 99

61. During the past year, did you use inhalants such as gasoline, spray paint, glue, toluene, lacquer thinner, paint solvents, etc., for the fun of it or the pleasure of it?

Yes 01

No 02

Don't Know . . . 88

Refused. 99

ELDER CARE

ID NUMBER

--	--	--

62. Is there an elderly person in your family who needs to be cared for (even if he/she doesn't live with you)?



Go to Question 62a Yes 01
 Go to Question 65 No 02
 Don't Know ... 88
 Refused..... 99

62a. What type of elder care are you using?
 [MARK ALL ANSWERS]

Nursing Home 01
 Professional Home Health Care..... 02
 Elder Day Care 03
 I Stay At Home to Provide Care 04
 Other 05
 Specify _____
 Don't know 88
 Refused 99

63. What are your main problems in getting care for an elderly person? [VERBATIM]

what else? _____

64. What would you like to see happen to make elder care services better? [VERBATIM]

what else? _____

HEALTH UTILIZATION

65. During the last year, did you use any health care services?

Go to Question 68 Yes 01
 No 02
 Don't Know ... 88
 Refused..... 99

66. Please look at Card A and tell me all the places you have gone for health care during the past year in the U.S. and in Mexico. [HAND RESPONDENT CARD A AND MARK ALL THE PLACES.]

In the U.S.

Curandero or Sobador in Nogales, Az. .	01
Partera in Nogales, Az.	02
Pharmacy in Nogales, Az.	03
Health Department Clinic in Nogales, Az	04
Mariposa Clinic in Nogales, Az.	05
Private Doctor's Office in Nogales, Az. .	06
Hospital in Nogales, AZ	07
Hospital Outside of Nogales, AZ	08
Other	09
Specify _____	
Don't Know	88
Refused to Answer	99

ID NUMBER

--	--	--

In Mexico

Curandero or Sobador	11
Partera	12
Pharmacy	13
Health Department Clinic	14
IMSS/ISSSTE Clinic	15
Private Doctor's Office	16
Hospital in Nogales, SON	17
Hospital Outside of Nogales, SON	18
Other	19
Specify	
Don't know	88
Refused to Answer	99

Other

Place other than U.S. or Mexico ...	21
Specify	

[If Mexican Services were mentioned, ask 66d]

66.a What were your reasons for going to Mexico as opposed to using U.S. services?[VERBATIM]

what else? _____

67. Please look at Card B and tell me all the ways you paid for your care.
[HAND RESPONDENT CARD B AND MARK ALL THE WAYS]

Cash (paid in full)	01
Installments	02
Sliding Fee Scale.	03
CHAMPUS.	04
Medicare	05
AHCCCS	06
Private Insurance	07
Special program	08
Specify	
Free	09
Other	10
Specify	
Don't know	88
Refused	99

68. Now I would like to know if you had to take any of your children to get health care during the last year.

Go to Question 69

Yes	01
No	02
Don't have child.	03
Don't Know ...	88
Refused.	99

--	--	--

69. Please look at Card A and tell me all the places your children have gone for health care during the past year in the U.S. and in Mexico.

[HAND RESPONDENT CARD A AND MARK ALL THE PLACES]

In the U.S.

Curandero or Sobador in Nogales, Az. .	01
Partera in Nogales, Az.	02
Pharmacy in Nogales, Az.	03
Health Department Clinic in Nogales, Az	04
Mariposa Clinic in Nogales, Az.	05
Private Doctor's Office in Nogales, Az. .	06
Hospital in Nogales, AZ.	07
Hospital Outside of Nogales, AZ.	08
Other	09
Specify _____	
Don't Know	88
Refused to Answer	99

In Mexico

Curandero or Sobador.	11
Partera.	12
Pharmacy	13
Salubridad.	14
IMSS/ISSSTE Clinic	15
Private Doctor's Office	16
Hospital in Nogales, SON	17
Hospital Outside of Nogales, SON	18
Other	19
Specify _____	
Don't know	88
Refused to Answer	99

Other

Place other than U.S. or Mexico . . .	21
Specify _____	

[If Mexican Services were mentioned, ask 69d]

69a. What were your reasons for going to Mexico? **[VERBATIM]**

what else? _____

--	--	--

70. Please look at Card B and tell me all the ways you paid for your children's care in the U.S.
[HAND RESPONDENT CARD B AND MARK ALL THE WAYS]

Cash (paid in full)	01
Installments	02
Sliding Fee Scale	03
CHAMPUS	04
Medicare	05
AHCCCS	06
Private Insurance	07
Special program	08
Specify _____	
Free	09
Other	10
Specify _____	
Don't know	88
Refused	99

71. Please tell me how satisfied you are with the health care you and your family are receiving in the United States.

Very Satisfied	01
Somewhat Satisfied	02
Satisfied	03
Somewhat Satisfied	04
Dissatisfied	05
Don't use	06
Don't know	88
Refused	99

72. What are the main problems for you and your family to get health care in the U.S. **[VERBATIM]**

what else? _____

73. What would you like to see happen to make health care services better for you and your family?
[VERBATIM]

what else? _____

74. Do you or members of your family go to Mexico to purchase medications without a prescription?



Go to Question 74a

Yes	01
No	02
Don't Know	88
Refused	99

74a. What medications?

--	--	--

SOCIODEMOGRAPHICS

Finally, I would like to have some general information about you and your family:

75. How would you describe yourself:

- | | |
|---|----|
| Mexican | 01 |
| Mexican American | 02 |
| Chicano | 03 |
| Hispanic | 04 |
| Other Latin American | 05 |
| Specify _____ | |
| Black or African American | 06 |
| Native American/American Indian
or Alaska Native | 07 |
| Asian or Pacific Islander | 08 |
| White or Anglo | 09 |
| Don't know | 88 |
| Refused to answer | 99 |

76. Which was the highest grade you completed at school?

[Write in if it was in Mexico] _____

_____ number

[INTERVIEWER, PLEASE NOTE: RESPONDENT LIVES IN HOME/APARTMENT - GO TO Q. 77
RESPONDENT LIVES IN TRAILER - GO TO Q. 78]

77. Do you own or rent your home?



- | | | |
|--------------------|------------------------|----|
| Go to Question 80 | Own. | 01 |
| Go to Question 77a | Rent | 02 |
| Go to Question 80 | Neither | 03 |
| | Don't know | 88 |
| | Refused to answer | 99 |

77a. How much rent do you pay per month?

_____	Amount
Don't know ...	88
Refused	99

78. Do you own or rent the trailer?



- | | | |
|--------------------|------------------------|----|
| Go to Question 78a | Own. | 01 |
| | Rent | 02 |
| | Neither | 03 |
| | Don't know | 88 |
| | Refused to answer | 99 |

78a. How much rent do you pay per month?

_____	Amount
Don't know	88
Refused to answer	99

79. Do you own or rent the lot?



- | | | |
|--------------------|------------------------|----|
| Go to Question 79a | Own. | 01 |
| | Rent | 02 |
| | Neither | 03 |
| | Don't know | 88 |
| | Refused to answer | 99 |

79a. How much do you pay per month?

_____	Amount
Don't know	88
Refused to answer	99

--	--	--

[IF THE RESPONDENT PAYS FOR BOTH THE TRAILER AND THE LOT AND DOES NOT KNOW HOW TO BREAK IT DOWN, ENTER THE TOTAL MONTHLY PAYMENT HERE (total of 79a and 79b).]

Total cost of renting trailer and lot. dollars

80. How many rooms are in your house or apartment? (Count the kitchen, but not the bathroom).

number of rooms

81. Do you have indoor plumbing facilities, including kitchen and bathroom.

Yes 01

No 02

Don't know 88

Refused 99

82. Do you have any heating for this home?



Go to Question 82a.

Yes. 01

No. 02

Don't know 88

Refused 99

82a. Is the entire house heated?

Yes. 01

No, only part of the house. . . . 02

Don't know 88

Refused 99

83. What is the main fuel used for cooking in this home?

Oil 01

Natural gas 02

Electricity 03

Bottled gas 04

Kerosene 05

Wood 06

Coal 07

Other 08

Specify _____

No fuel used 09

Don't know 88

Refused 99

84. Do you have air conditioning, either individual room units, a central system or evaporative cooling?

Yes 01

No 02

Don't know 88

Refused. 99

--	--	--

85. Which of the following environmental issues do you feel have or have had an impact on you or your family's health?

	YES	NO	D.K.	Refused
Chemical Storage	01	02	88	99
Contaminated Water	01	02	88	99
Air Pollution	01	02	88	99
Hazardous Waste Disposal	01	02	88	99
Inadequate Housing/Overcrowding	01	02	88	99
Illegal Trash Dumping	01	02	88	99
Pesticide use and/or storage	01	02	88	99
Lead exposure in home or air	01	02	88	99
Other				
Specify _____	01	02	88	99

86. Look at the health plans listed on Card E. Are you covered by any of them?
[HAND RESPONDENT CARD E]



Go to Question 86a

Yes 01
No 02
Don't know ... 88
Refused 99

--	--

86a. Mark all that apply to you:



Medicare A or B	01
AHCCCS	02
Coverage for military personnel and their families (Veterans, CHAMPUS)	03
Private Insurance (including HMO's) go to Question 86b	04
Worker's compensation	05
Other	06
Specify _____	

86b. How much is the deductible on your policy?

No Deductible. .01
Don't know ... 88
Refused. 99

--	--

86c. Who is the policy holder?

You 01
Your husband.. 02
Other 03
Don't know ... 88
Refused. 99

--	--

87. Did you earn \$500 or more from working during the past year?

Yes 01
No 02
Don't know ... 88
Refused. 99

--	--

Yes	01
No	02
Don't know	88
Refused	99L

88. What is/was your occupation? What do you do?

89. What kind of business or industry or company do you/did you work for **[PROBE FOR WHAT THE ORGANIZATION MAKES OR DOES.]**

90. Does/did your employer provide any of the following benefits?

	YES	NO	D.K.	Refused
Health insurance	01	02	88	99
Disability insurance	01	02	88	99
Life insurance	01	02	88	99
Child care	01	02	88	99
Maternity insurance	01	02	88	99
Maternity Leave/Paid	01	02	88	99
Maternity Leave/Unpaid	01	02	88	99
Paid vacation	01	02	88	99
Paid sick leave	01	02	88	99
Personal leave	01	02	88	99
Leave without pay	01	02	88	99
Education or training	01	02	88	99
Meals provided at work	01	02	88	99
Overtime pay	01	02	88	99
Employee assistance program	01	02	88	99
None	01	02	88	99
Other	01	02	88	99

91. During the past year, have you had any injuries or illnesses because of the type of work that you do?

Yes	01
No	02
Don't Know . .	88
Refused	99

92. Which of the following conditions do you feel are health hazards within your work place?

[illegible]

93. To the best of your knowledge, have you ever developed any of the following conditions as a result of your work environment?

[illegible]

--	--	--

94. Which of the following best describes your current employment situation? **[ONE ANSWER ONLY] [READ THE LIST]**

Employed, work full time	01
Employed, work part time	02
Employed, on maternity leave	03
Laid off or on strike	04
Unemployed and looking for work	05
Unemployed and not looking for work	06
Retired	07
Housewife only	08
Unable to work (disabled)	09
Full time student	10
Part time student	11
Don't know	88
Refused to answer	99

95. Now we need to know how much your family's total combined income from all family members was during the past 12 months. This includes income from all sources, such as wages, salaries, social security or retirement benefits, interests or dividends, rent, food stamps, and so forth. Can you tell me if it was **[READ THE LIST AND MARK ONE]**

Under \$6,000	01
or \$6,000 to \$9,999	02
or \$10,000 to \$19,999	03
or \$20,000 to \$29,999	04
or \$30,000 to \$39,999	05
or \$40,000 or more	06
Don't know	88
Refused	99

96. What country were you born in?

TERMINATE INTERVIEW

☐ Go to Question 96a
☐ Go to Question 96a

USA	01
Mexico	02
Other	03
Specify _____	
Don't know	88
Refused to answer	99

96a. How long have you lived in the USA?

years

97. Do you have papers?

Yes	01
No	02
Don't know	88
Refused	99

THANK YOU VERY MUCH FOR TAKING YOUR TIME TO ANSWER THESE QUESTIONS

Is there anything else you would like to add?

ID NUMBER

--	--	--

FOR THE INTERVIEWER:

98. RECORD THE LANGUAGE USED DURING THE INTERVIEW:

Spanish only . . 01

English only . . .02

Used both 03

--	--

99. RECORD THE APPROPRIATE ANSWER:

Interview complete. . . . 01

Interview incomplete . . 02

--	--

100 . DO YOU THINK THE QUESTIONS ON HEALTH BEHAVIOR ARE ANSWERED ACCURATELY?

Yes. . . 01

No02

--	--

INTERVIEWER COMMENTS:

B. COMMUNITY-BASED SURVEY
Spanish Version

PRIMARY HEALTH CARE REVIEW

Arizona Healthy Mothers/Healthy Babies Coalition
of Santa Cruz County
and
Southwest Border Rural Health Research Center
University of Arizona

ACEPTACION INFORMADA DE LA ENCUESTA COMUNITARIA

Estoy trabajando con la Universidad de Arizona y con Healthy Mothers/Healthy Babies Coalition en el condado de Santa Cruz. Me gustaría platicar con usted sobre su salud, y hacerle algunas preguntas acerca de donde se atiende, y sobre los problemas que ha tenido para atenderse. Se esta haciendo esto para ayudar a los líderes de su comunidad planear mejores servicios de salud.

Estamos hablando con gente de todas partes de la ciudad de Nogales. Vamos a visitar algunas casas de este barrio. Como no podemos hablar con todos, escogimos unas cuantas casas usando el sistema de sorteo, la suya salió escogida.

Voy a necesitar platicar con usted unos 40 minutos. Si hubiera alguna pregunta que no quisiera contestar, por favor dígamelo y la omitimos. Cuando quiera dar por terminada la entrevista, dígamelo. El no participar en esta encuesta, no afecta los derechos que tenga para recibir servicios públicos. No hay ningún tipo de beneficio monetario por participar.

La información que me dé es confidencial. Su nombre y dirección no serán utilizados o conocidos por nadie. La información que nos proporcione, junto con la de otros entrevistados servirá para hacer un informe público que se entregará a los planeadores de su comunidad.

Después de haber sido informado sobre esta encuesta, acepto ser entrevistado:

Firma del Entrevistado

Fecha

Si usted tiene alguna pregunta sobre esta encuesta, por favor llame a cualquiera de las siguientes personas:

Gene Cota, Chair Primary Health Care Review
Nogales, Arizona

287-5075

Jill Guernsey de Zapien, Coordinator
Primary Health Care Review
University of Arizona
Tucson, Arizona

(602) 626-7946

Janet Paz, member Primary Health Care Review
Nogales, Arizona

281-4965

CODED BY: _____
 DATE CODED: ____/____/____

ENTERED BY: _____
 DATE ENTERED: ____/____/____

VERIFIED BY: _____
 DATE VERIFIED: ____/____/____

Nogales Primary Health Care Review Women's Survey

1. Document Identification number:

--	--	--

2. Cluster number:

--	--

3. Interviewer's Identification number:

--	--

4. Date of interview: month

--	--

day

--	--

5. Respondent's first name: _____ (not entered)

Antes que nada, quiero preguntarle sobre las personas que viven en esta casa.

6. Por favor dígame el nombre del jefe de familia y la edad. Ahora necesito que me dé los nombres, las edades, y el parentesco con el jefe de la familia de las otras personas que viven en esta casa.

Nombre
[Not Entered]

Sexo
H M

Edad

Parentesco

	1	2		Jefe
	1	2		
	1	2		
	1	2		
	1	2		
	1	2		
	1	2		
	1	2		
	1	2		
	1	2		
	1	2		
	1	2		

No. total de personas en la casa

--	--	--

--	--	--

[ENTREVISTADOR: POR FAVOR LLENE LAS SIGUIENTES PREGUNTAS CON LA INFORMACION DE LA PREGUNTA 6. VERIFIQUE CON LA PERSONA ENTREVISTADA LA RESPUESTA QUE USTED ESTA ESCRIBIENDO.]

6a. Por favor, indique el estado civil de la entrevistada:

Soltera	01	
Casada/viviendo juntos	02	
Separada o divorciada	03	
Viuda	04	
No sabe	88	
Negó dar respuesta	99	

6b. Ponga la edad de la persona entrevistada (en años).

número

6c. ¿Cuántas personas hay en su familia (personas viviendo con usted que están relacionadas con usted por nacimiento, matrimonio, o adopción)?

número

6d. ¿Cuántos hijos menores de 18 años y solteros hay en su casa?

número

Me gustaría hablar sobre usted y sus hijos

7. ¿Ha tenido algún hijo/a en los últimos dos años?

Sí	01
No	02
No sabe	88
Negó dar respuesta ..	99

8. ¿Cuántas veces ha estado usted embarazada? Por favor, no olvide contar todos sus embarazos, es decir los abortos, niños nacidos muertos, y niños nacidos vivos. (No incluya embarazos actuales)

Número total de embarazos	<input type="text"/>
Número total de abortos espontáneos ..	<input type="text"/>
Número total de nacidos muertos	<input type="text"/>
Número total de abortos	<input type="text"/>
Número total de nacidos vivos	<input type="text"/>
No sabe	88
Negó dar respuesta	99

(La suma de estos cuatro elementos es el total de embarazos)

Ahora me gustaría hacerle algunas preguntas sobre su último embarazo.

[A NO SER QUE EL NIÑO/A HAYA MUERTO, PONGA EL NOMBRE DEL ULTIMO HIJO(A): _____]

9. ¿Fue usted al servicio de control prenatal durante su último embarazo?. En otras palabras ¿Fue usted a consultar alguna persona para que revisara su embarazo? (Sin contar la visita en la que se confirmó su embarazo.)

Sí	01
No	02
No sabe	88
Negó dar respuesta ..	99

9a. ¿Por qué no fue a ver a nadie? (VERBATIM)

¿Alguna otra razón? _____

Vaya a la pregunta 14.

--	--	--

10. Vea la tarjeta "A" y dígame todos los lugares a los que fue para su control prenatal en U.S.A. o México. (Dele a la persona entrevistada la tarjeta "A")

En los Estados Unidos

Curandero o Sobador en Nogales	01
Partera en Nogales, AZ	02
Farmacia en Nogales, AZ	03
Clínica de Salud del Condado, Nogales	04
Clínica Mariposa	05
Consultorio del Médico en Nogales	06
Hospital en Nogales, Arizona	07
Hospital fuera de Nogales, Arizona	08
Otro	09
Especifique _____	
No sabe	88
Negó dar respuesta	99

En México

Curandero o Sobador	11
Partera	12
Farmacia	13
Salubridad	14
Clínica de IMSS/ISSSTE	15
Consultorio del Médico	16
Hospital en Nogales, SON	17
Hospital fuera de Nogales, SON	18
Otro	19
Especifique _____	
No sabe	88
Negó dar respuesta	99

Otro

Otro lugar distinto de U.S.A. o México	21
Especifique _____	

(Si fueron usados los servicios Mexicanos, pregunte:)

→ 10a. ¿Por qué fue a México en lugar de quedarse en los Estados Unidos? (VERBATIM)

¿Alguna otra razón? _____

--	--	--

11. ¿Cómo pagó usted por su consulta prenatal? Por favor fíjese en la tarjeta "B" y señale todas las formas.
[Marque las que apliquen] [DELE AL ENTREVISTADO LA TARJETA "B"]

En efectivo (Pago total)	01
En pagos	02
Precio especial.	03
CHAMPUS	04
Medicare	05
AHCCCS	06
Seguro privado.	07
Programa Especial.	08
Especifique _____	
Gratis	09
Otro	10
Especifique _____	
No sabe	88
Negó dar respuesta ...	99

--	--

--	--

--	--

12. ¿Cuándo fue por primera vez a consulta prenatal? (¿Cuántos meses tenía de embarazo cuando fue a consulta por primera vez?) Sin contar con la visita donde le confirmaron su embarazo.

Número de meses.

--	--

No sabe88

Negó dar respuesta99

13. ¿Cuántas veces fue a consulta prenatal? (Número total de visitas incluyendo servicios de salud en ambos lados de la frontera) (Sin contar la visita donde le confirmaron su embarazo).

Número de visitas.

--	--

No sabe88

Negó dar respuesta99

14. ¿Cuáles fueron los problemas principales que usted enfrentó para obtener servicios de consulta prenatal? (Por ejemplo: problemas de transporte, dinero etc.)

[ESCRIBA TODAS LAS RESPUESTAS VERBATIM]

¿Algo más? _____

15. ¿Qué le gustaría a usted que sucediera para que las consultas prenatales fueran mejor para usted y las personas de esta zona? [ESCRIBA TODAS LAS RESPUESTAS VERBATIM]

¿Algo más? _____

--	--	--

ATENCION PRENATAL***Ahora me gustaría hablar con usted sobre su último embarazo***

16. ¿Fumó usted algún cigarrillo durante su último embarazo?

Sí. 01
 No 02
 No sabe 88
 Negó dar respuesta. 99

17. ¿Tomó usted alguna bebida alcoholica (licor, vino, cerveza) durante su último embarazo?

Sí. 01
 No 02
 No sabe 88
 Negó dar respuesta. 99

18. ¿Fumó usted o tomó mariguana en alguna otra forma durante su último embarazo?

Sí. 01
 No 02
 No sabe 88
 Negó dar respuesta. 99

19. ¿Hizo usted uso de la cocaína en cualquiera de sus formas (como polvo, crack o pura) durante su último embarazo?

Sí. 01
 No 02
 No sabe 88
 Negó dar respuesta. 99

20. ¿Usó usted cualquier otro tipo de droga ilegal tal como LSD, (Acido), PCP, Angel dust, Ecstasy, hongos, anfetaminas (speed) o heroína durante su último embarazo?

Sí. 01
 No 02
 No sabe 88
 Negó dar respuesta. 99

21. ¿Hizo usted uso de inhalantes tales como gasolina, pintura, pegamentos, tiner, tolueno, solventes, etc. por jugar o por placer durante su último embarazo?

Sí. 01
 No 02
 No sabe 88
 Negó dar respuesta. 99

Ahora me gustaría hablarle del nacimiento de su hijo(a).

22. ¿Cuándo nació su último hijo(a) [nombre de su hijo(a)]?

mes		año	

23. ¿En qué país nació su hijo(a)?

U.S.A. 01
 Mexico 02
 Otro. 03
 Especifique
 No sabe 88
 Negó dar respuesta. 99

--	--	--

25. ¿Planeó usted tener a su hijo en: (lugar mencionado en la pregunta 24)?



Vaya a la pregunta 25a

Sí.....	01	
No	02	
No sabe	88	
Negó dar respuesta. .	99	

25a. ¿En dónde planeó usted tener a su bebe (consulte la tarjeta "C")?

25b. ¿Por qué cambió usted sus planes? (VERBATIM)

¿Algo más? _____

26. ¿Cuáles fueron los problemas principales para que usted obtuviera servicios médicos durante el parto en Nogales? (Por ejemplo: problemas de transporte, el pago del servicio en U.S.A.) **[ESCRIBA TODAS LAS RESPUESTAS VERBATIM]**

¿Algo más? _____

27. ¿Qué le gustaría a usted que sucediera para que la atención de parto y nacimiento fuera mejor para usted y las mujeres de Nogales? **[ESCRIBA TODAS LAS RESPUESTAS VERBATIM]**

¿Algo más? _____

28. ¿Cómo pagó usted por la atención del parto y el nacimiento de su hijo(a) (Nombre del niño/a)? Mire la tarjeta "B" y dígame todas las formas **[Dele a la persona entrevistada la tarjeta "B"]**

En efectivo (todo)	01	
En pagos	02	
Precio especial	03	
CHAMPUS.	04	
Medicare	05	
AHCCCS	06	
Seguro privado	07	
Programa especial. ...	08	
Especifique _____		
Gratis	09	
Otro	10	
Especifique _____		
No sabe.	88	
Negó dar respuesta. ...	99	

--	--	--

29. ¿Le dió usted pecho a su hijo(a) [Nombre del niño(a)] menor aun por poco tiempo? (PROBE)
¿lo intentó?

↓	[Vaya a pregunta 29a	Sí.....01	
			No.....02	
		Vaya a pregunta 29a	No sabe.....88	[] []
		Vaya a pregunta 29a	Negó dar respuesta...99	

29a. ¿Se encuentra usted aún dando pecho?

↓	Vaya a pregunta 29b	Sí.....01	
		No.....02	
		No Sabe.....88	[] []
		Negó dar respuesta...99	

29b. ¿Por cuánto tiempo le dió pecho a su hijo(a) menor?

< 1 mes.....01	
1-3 meses.....02	
4-6 meses.....03	
7-9 meses.....04	
> 9 meses.....05	
No Sabe.....88	[] []
Negó dar respuesta...99	

30. ¿Qué edad tenía su hijo(a) cuando empezó a comer alimentos sólidos a diario? (como cereal, purés, comida líquida u otras comidas además de líquidos)

< 1 mes.....01	
1-3 meses.....02	
4-6 meses.....03	
7-9 meses.....04	
> 9 meses.....05	[] []
Todavía no he empezado.....06	
No Sabe.....88	
Negó dar respuesta...99	

--	--	--

LA SALUD DE LOS NIÑOS

Ahora me gustaría hacerle unas preguntas sobre sus hijos(as)

[Vea la pregunta 6 y confirme si hay algún niño menor de un año]

Vaya a la pregunta 33 ←

Sí..... 01
 No 02
 No sabe 88
 Negó dar respuesta. ... 99

¿Cuántos?.....

Anote el nombre de los niños:

{Primero hablaremos del hijo mayor}

30a. ¿Qué edad tiene [Nombre]?

_____ meses
 No sabe.....88
 Negó dar respuesta. ... 99

30b. ¿Cuántas veces ha tenido diarrea (infecciones gastrointestinales) durante el último año? Por diarrea se entiende que la deposición sea líquida, y que haya tenido al menos 2 deposiciones en un día.

_____ veces
 No sabe.....88
 Negó dar respuesta. ... 99

30c. ¿Cuántas veces ha tenido este niño infecciones respiratorias acompañadas de tos y fiebre durante el último año (tales como resfriados, bronquitis, pulmonía)?

_____ veces
 No sabe.....88
 Negó dar respuesta. ... 99

30d. ¿Cómo considera que está la salud de su hijo(a)?

Excelente 01
 Muy bien 02
 Bien 03
 Normal..... 04
 Mala. 05
 No sabe.....88
 Negó dar respuesta. ... 99

{ Hablemos del segundo hijo(a).}

31a. ¿Qué edad tiene (nombre)?

_____ meses
 No sabe.....88
 Negó dar respuesta. ... 99

31b. ¿Cuántas veces ha tenido diarrea (infecciones gastrointestinales) durante el último año? Por diarrea se entiende que la deposición sea líquida, y que haya sido al menos 2 veces en un día.

_____ veces
 No sabe.....88
 Negó dar respuesta. ... 99

--	--	--

31c. ¿Cuántas veces ha tenido este niño infecciones respiratorias acompañadas de tos y fiebre durante el último año (tales como resfriados, bronquitis, pulmonía)?

veces

No sabe.88

Negó dar respuesta. ...99

31d. ¿Cómo considera que está la salud de su hijo(a)?

Excelente01

Muy bien02

Bien03

Normal.04

Mala.05

No sabe.88

Negó dar respuesta. ...99

{ Hablemos del tercer hijo(a)}

32a. ¿Qué edad tiene [Nombre]?

meses

No sabe.88

Negó dar respuesta. ...99

32b. ¿Cuántas veces ha tenido diarrea (infecciones gastrointestinales) durante el último año? Por diarrea se entiende que la deposición sea líquida, y que haya sido al menos 2 veces en un día.

veces

No sabe.88

Negó dar respuesta. ...99

32c. ¿Cuántas veces ha tenido este niño infecciones respiratorias acompañadas de tos y fiebre durante el último año (tales como resfriados, bronquitis, pulmonía)?

veces

No sabe.88

Negó dar respuesta. ...99

32d. ¿Cómo considera que está la salud de su hijo(a)?

Excelente01

Muy bien02

Bien03

Normal.04

Mala.05

No sabe.88

Negó dar respuesta. ...99

--	--	--

Ahora me gustaría hacerle preguntas sobre sus hijos(as) de 5 años y menores.

33. [Vea la pregunta 6 y confirme si hay algún niño de cinco años o menos (Incluyendo a los menores de un año)]

Vaya a la pregunta 39

Sí	01
No	02
No sabe.....	88
Negó dar respuesta.....	99

¿Cuántos?.....

Anote los nombres de los niños(as) [not entered]:

{Hablemos del primer hijo(a).}

33a. ¿Qué tan seguido utiliza su hijo (a) un asiento de seguridad para viajar en el automóvil?

Nunca.....	01
A veces.....	02
Seguido.....	03
Todo el tiempo.....	04
No sabe.....	88
Negó dar respuesta.....	99

33b. ¿Quién es la persona principal que cuida a su hijo(a) dentro del hogar?

La mamá.....	01
El papá.....	02
Un miembro de la familia de 16 años o más.....	03
Un miembro de la familia menor de 16 años.....	04
Otra persona.....	05
No sabe.....	88
Negó dar respuesta.....	99

33c. ¿Tiene alguien que le cuide a este niño(a) que usted utilice de forma regular?

Vaya a la pregunta 34a

Sí	01
No	02
No sabe.....	88
Negó dar respuesta.....	99

33d. De los siguientes servicios de guardería o cuidados infantiles para este niño ¿Cuáles ha utilizado?

	SI	NO	N.S.	Se negó
Guardería privada	01	02	88	99
Guardería del condado de Santa Cruz	01	02	88	99
Un miembro de la familia	01	02	88	99
Un amigo	01	02	88	99
Otro que no sea familia o un amigo que cuide niños	01	02	88	99

--	--	--

{Hablemos del segundo(a) hijo(a).}

34a. ¿Qué tan seguido utiliza su hijo (a) un asiento de seguridad para viajar en el automóvil?

Nunca. 01
 A veces. 02
 Seguido. 03
 Todo el tiempo. 04
 No sabe. 88
 Negó dar respuesta. 99

--	--

34b. ¿Quién es la persona principal que cuida a su hijo(a) dentro del hogar?

La mamá. 01
 El papá. 02
 Un miembro de la familia de 16 años o más. 03
 Un miembro de la familia menor de 16 años. 04
 Otra persona. 05
 No sabe. 88
 Negó dar respuesta. 99

--	--

34c. ¿Tiene alguien que le cuide a este niño(a) que usted utilice de forma regular?

Sí 01
 No 02
 No sabe. 88
 Negó dar respuesta. 99

--	--

--	--	--

- 34d. De los siguientes servicios de guardería o cuidados infantiles para este niño ¿Cuáles ha utilizado?

	SI	NO	N.S.	Se negó	
Guardería privada	01	02	88	99	
Guardería del condado de Santa Cruz	01	02	88	99	
Un miembro de la familia	01	02	88	99	
Un amigo	01	02	88	99	
Otro que no sea familia o un amigo que cuide niños	01	02	88	99	

{Hablemos del tercer hijo(a).}

- 35a. ¿Qué tan seguido utiliza su hijo (a) un asiento de seguridad para viajar en el automóvil?

Nunca..... 01
 A veces..... 02
 Seguido..... 03
 Todo el tiempo..... 04
 No sabe..... 88
 Negó dar respuesta..... 99

- 35b. ¿Quién es la persona principal que cuida a su hijo(a) dentro del hogar?

La mamá..... 01
 El papá..... 02
 Un miembro de la familia de 16 años o más..... 03
 Un miembro de la familia menor de 16 años..... 04
 Otra persona..... 05
 No sabe..... 88
 Negó dar respuesta..... 99

- 35c. ¿Tiene alguien que le cuide a este niño(a) que usted utilice en forma regular?

Sí..... 01
 No..... 02
 No sabe..... 88
 Negó dar respuesta..... 99

Vaya a la pregunta 36a

- 35d. De los siguientes servicios de guardería o cuidados infantiles para este niño ¿Cuáles ha utilizado?

	SI	NO	N.S.	Se negó	
Guardería privada	01	02	88	99	
Guardería del condado de Santa Cruz	01	02	88	99	
Un miembro de la familia	01	02	88	99	
Un amigo	01	02	88	99	
Otro que no sea familia o un amigo que cuide niños	01	02	88	99	

--	--	--

36a. ¿Qué tan seguido utiliza sus hijos (a) un asiento de seguridad para viajar en el automóvil?

Nunca. 01
 A veces. 02
 Seguido. 03
 Todo el tiempo. 04
 No sabe. 88
 Negó dar respuesta. 99

--	--

36b. ¿Quién es la persona principal que cuida a su hijo(a) dentro del hogar?

La mamá. 01
 El papá. 02
 Un miembro de la familia de 16 años o más. 03
 Un miembro de la familia menor de 16 años. 04
 Otra persona. 05
 No sabe. 88
 Negó dar respuesta. 99

--	--

36c. ¿Tiene alguien que le cuide a este niño (a) que usted utilice de forma regular?

Vaya a la pregunta 37a

Sí. 01
 No. 02
 No sabe. 88
 Negó dar respuesta. 99

--	--

36d. De los siguientes servicios de guardería o cuidados infantiles para este niño ¿Cuáles ha utilizado?

	SI	NO	N.S.	Se negó
Guardería privada	01	02	88	99
Guardería del condado de Santa Cruz	01	02	88	99
Un miembro de la familia	01	02	88	99
Un amigo	01	02	88	99
Otro que no sea familia o un amigo que cuide niños	01	02	88	99

37. ¿Cuáles son los problemas principales para obtener servicios de guardería para sus hijos(as)?(Por ejemplo, transporte, costo, etc.)? (VERBATIM)

38. ¿Qué le gustaría que sucediera para que el servicio de guardería fuera mejor para usted y su familia?(VERBATIM)

SALUD DE LA MUJER

Ahora me gustaría hacerle preguntas sobre su salud

39. Existen muchas cosas que una pareja puede usar cuando la mujer no desea embarazarse. ¿Podría decirme que métodos ha utilizado usted alguna vez? **[Lea cada uno]**

	SI	NO	N.S.	se negó
Inyección	01	02	88	99
Operación	01	02	88	99
Pastillas	01	02	88	99
Jalea, cremas o espumas	01	02	88	99
Diafragma	01	02	88	99
Condón (preservativo)	01	02	88	99
El ritmo	01	02	88	99
DIU	01	02	88	99
Casquete cervical	01	02	88	99
Jalea crema/espuma y condón	01	02	88	99
Otro				
Especifique _____	01	02	88	99

Nunca ha tenido relaciones 03

39a. ¿Está usted embarazada o ha tenido un niño en los últimos 40 días?

Vaya a la pregunta 42 Sí 01

No 02

No sabe 88

Negó dar respuesta ... 99

[LEA LA PREGUNTA 40 SI ES QUE NO ESTA EMBARAZADA]

40. ¿Está usted usando algún método anticonceptivo?

Vaya a la pregunta 40a Sí 01

No 02

No sabe 88

Negó dar respuesta ... 99

40a. ¿Qué método anticonceptivo está usted usando actualmente? **[LEA CADA UNO]**

	SI	NO	N.S.	se negó
Inyección	01	02	88	99
Operación	01	02	88	99
Pastillas	01	02	88	99
Jaleas, cremas o espumas	01	02	88	99
Diafragma	01	02	88	99
Condón (preservativo)	01	02	88	99
El ritmo	01	02	88	99
DIU	01	02	88	99
Casquete cervical	01	02	88	99
Jalea crema/espuma y condón	01	02	88	99
Otro				
Especifique _____	01	02	88	99

No tiene relaciones 03

--	--	--

[LEA LA PREGUNTA 41 SI NO ESTA USANDO NINGUN METODO ANTICONCEPTIVO]

41. ¿Por qué no está usando ningún método? (VERBATIM)

¿Algo más? _____

42. ¿Se ha quedado embarazada alguna vez utilizando algún método anticonceptivo?

Sí 01
 No 02
 No ha usado FP. 03
 No sabe 88
 Negó dar respuesta ... 99

--	--

43. ¿Cuáles son los problemas principales que usted tiene para obtener servicios de planificación familiar en Nogales? (Por ejemplo, transporte, costo, etc.) **[Escriba todas las respuestas, Verbatim]**

¿Algo más? _____

44. ¿Qué le gustaría que sucediera para que los servicios de planificación familiar fueran mejor para usted y la comunidad de Nogales, Arizona? **[Escriba todas las respuestas, Verbatim]**

¿Algo más? _____

--	--	--

45. Todas las parejas pasan por momentos durante los cuales tienen discusiones o pleitos porque no están de acuerdo en algo, están de mal humor, porque están cansados, o por cualquier otra razón.

Vea usted la tarjeta "D" y dígame si su actual o ex-esposo/compañero/amigo, hizo o le ha hecho cualquiera de estas cosas cuando ha estado embarazada:

Golpe, cachetada, mordida, empujada .	01
Le ha dado un puñetazo o puntapie. . .	02
Le arrojó algo	03
Le arrojó algo pesado	04
La golpeó constantemente.	05
La amenazó con algún tipo de arma como cuchillo o pistola	06
Utilizó un arma (tal como un cuchillo o pistola) para hacerle daño? . . .	07

Sí 01
 No 02
 Nunca ha estado
 embarazada 03
 No sabe 88
 Negó dar respuesta. . . 99

--	--

46. Vea la tarjeta "D" otra vez y dígame si su actual esposo o ex-esposo/compañero/amigo le hizo alguna de estas cosas durante el año pasado.

Golpe, cachetada, mordida, empujada .	01
Le ha dado un puñetazo o puntapie. . .	02
Le arrojó algo.	03
Le arrojó algo pesado	04
La golpeó constantemente.	05
La amenazó con algún tipo de arma como cuchillo o pistola	06
Utilizó un arma (tal como un cuchillo o pistola) para hacerle daño? . . .	07

Sí 01
 No 02
 No aplica 03
 No sabe 88
 Negó dar respuesta. . . 99

--	--

47. Usted cree que su peso es:

Demasiado alto. 01
 Demasiado bajo. 02
 Donde debe de estar. 03
 No sabe. 88
 Negó dar respuesta. . . 99

--	--

48. ¿Se induce el vómito?

Sí 01
 No 02
 No sabe 88
 Negó dar respuesta. . . 99

--	--

49. ¿Utiliza laxantes para perder peso?

Sí 01
 No 02
 No sabe 88
 Negó dar respuesta. . . 99

--	--

--	--	--

50. ¿Se salta alguna comida en el día para perder peso?

Sí 01

No 02

No sabe 88

Negó dar respuesta ... 99

--	--

51. ¿Ha tenido alguna enfermedad venérea?

Vaya a pregunta 51a

Sí 01

No 02

No sabe 88

Negó dar respuesta ... 99

--	--

51a. ¿Durante su embarazo tuvo usted alguna enfermedad venérea?

Sí 01

No 02

Nunca ha estado embarazada. . 03

No sabe 88

Negó dar respuesta ... 99

--	--

52. ¿Se hizo usted la prueba del cáncer el año pasado (papanicolau)?

Sí 01

No 02

No sabe 88

Negó dar respuesta ... 99

--	--

53. ¿En el último año, ha habido un médico o una enfermera el que le haya examinado los senos?

Sí 01

No 02

No sabe 88

Negó dar respuesta ... 99

--	--

54. ¿En el último año, se examinó usted los senos alguna vez en busca de nodulos o bolitas?

Vaya a la pregunta 54a

Sí 01

No 02

No sabe 88

Negó dar respuesta ... 99

--	--

54a. ¿Cuántas veces se examinó los senos en busca de nodulos o bolitas el año pasado?

_____ número

No sabe 88

Negó dar respuesta ... 99

--	--

55. ¿Cómo considera que es su salud?

Excelente. 01

Muy buena 02

Buena 03

Normal. 04

Mala. 05

No sabe 88

Negó dar respuesta ... 99

--	--

EL COMPORTAMIENTO DE LA SALUD

56. ¿Durante el año pasado fumó usted algún cigarrillo?

Sí 01

No 02

No sabe 88

Negó dar respuesta ... 99

--	--

--	--	--

57. ¿Durante el año pasado tomó usted alguna bebida alcohólica (licor, vino cerveza)?



Vaya a la pregunta 57a

Sí 01
 No 02
 No sabe 88
 Negó dar respuesta ... 99

57a. ¿Ha sentido usted la necesidad de tomar menos bebidas alcohólicas?

Sí 01
 No 02
 No sabe 88
 Negó dar respuesta ... 99

57b. ¿Le molesta a usted que la gente se queje de su costumbre (vicio) de tomar bebidas alcohólicas?

Sí 01
 No 02
 No sabe 88
 Negó dar respuesta ... 99

57c. ¿Alguna vez se ha sentido culpable por su costumbre (vicio) de tomar bebidas alcohólicas?

Sí 01
 No 02
 No sabe 88
 Negó dar respuesta ... 99

57d. ¿Alguna vez tiene usted que tomar por la mañana alguna bebida alcohólica para curar la "cruda"?

Sí 01
 No 02
 No sabe 88
 Negó dar respuesta ... 99

58. ¿Durante el año pasado fumó o comió marihuana?

Sí 01
 No 02
 No sabe 88
 Negó dar respuesta ... 99

59. ¿Durante el año pasado hizo usted uso de la cocaína en cualquiera de sus formas (polvo, crack o pura)?

Sí 01
 No 02
 No sabe 88
 Negó dar respuesta ... 99

60. ¿Durante el año pasado usó usted cualquier otro tipo de droga ilegal tal como LSD, (Acido), PCP Angel dust, Ecstasy, hongos, anfetaminas (speed), o heroína?

Sí 01
 No 02
 No sabe 88
 Negó dar respuesta ... 99

61. ¿Durante el año pasado hizo usted uso de inhalantes tales como gasolina, pintura, pegamentos, tiner, tolueno, solventes, etc. por jugar o por placer?

Sí 01
 No 02
 No sabe 88
 Negó dar respuesta ... 99

CUIDADO DE ANCIANOS

ID NUMBER

--	--	--

62. ¿Existe entre su familia alguna persona ya mayor que necesite cuidado especial (aunque no viva con usted)?

Vaya a la pregunta 62a Sí 01
 Vaya a la pregunta 65 No 02
 No sabe 88
 Negó a respuesta ... 99

62a. ¿Qué tipo de asistencia especial utiliza usted para esa persona mayor?
(MARQUE TODAS LAS RESPUESTAS)

Hogar de ancianos. 01
 Un profesional viene a la casa. 02
 Hogar diurno para ancianos 03
 Me quedo en casa para cuidarlo(s). ... 04
 Otro 05
 Especifique _____
 No sabe 88
 Negó dar respuesta 99

63. ¿Cuáles son los problemas principales para obtener cuidado especial para las personas mayores?(**VERBATIM**)

¿Algo más? _____

64. ¿Qué le gustaría que sucediera para hacer que el cuidado de las personas mayores fuera mejor para usted y su familia? (**VERBATIM**)

¿Algo más? _____

UTILIZACION DE SERVICIOS DE SALUD

65. ¿Durante el año pasado, usó usted servicios de salud?

Sí 01
 Vaya a la pregunta 68 No 02
 No sabe 88
 Negó dar respuesta ... 99

66. Por favor mire la tarjeta "A" y dígame los lugares a los cuales usted acudió para recibir cuidados de salud durante el año pasado ya sea en U.S.A. o en México. (**Dele a la persona entrevistada la tarjeta "A" y marque todos los lugares**)

Curandero o Sobador en Nogales, AZ.	01
Partera en Nogales, AZ	02
Farmacia en Nogales, AZ	03
Clínica de Salud del Condado, Nogales	04
Clínica Mariposa.	05
Consultorio del Médico en Nogales	06
Hospital en Nogales, Arizona	07
Hospital fuera de Nogales, Arizona	08
Otro.	09
Especifique _____	
No sabe.	88
Negó dar respuesta	99

--	--	--

En México

Curandero o Sobador	11
Partera	12
Farmacia	13
Salubridad.	14
Clínica de IMSS/ISSSTE	15
Consultorio del Médico	16
Hospital en Nogales, SON	17
Hospital fuera de Nogales, SON	18
Otro	19
Especifique	
No sabe.	88
Negó dar respuesta	99

Otro país.

Otro lugar distinto de U.S.A. o México ..	21
Especifique	

[Si se mencionaron los servicios Mexicanos, haga la pregunta 66a)

66.a ¿Cuáles fueron sus razones para ir a México en vez de usar los servicios de U.S.A.?(**VERBATIM**)

¿Algo más?

67. Observe la tarjeta "B" e indique la manera en que usted pagó por sus servicios médicos.

(DELE A LA PERSONA ENTREVISTADA LA TARJETA "B"
MARQUE TODAS LAS RESPUESTAS

En efectivo (Pago total) 01	
En pagos	02
Precio especial.	03
CHAMPUS	04
Medicare	05
AHCCCS	06
Seguro privado.	07
Programa Especial. ...	08
Especifique	
Gratis	09
Otro	10
Especifique	
No sabe	88
Negó dar respuesta ...	99

68. Ahora me gustaría saber si tuvo usted que llevar a alguno de sus niños(as) para obtener cuidados de salud durante el año pasado.

Vaya a la pregunta 69	Sí.	01
	No	02
	No tengo hijos.	03
	No sabe.	88
	Negó dar respuesta. ...	99

--	--	--

69. Observe la tarjeta "A" e indique los lugares a los que llevó sus hijos(as) para recibir cuidados de salud durante el año pasado en U.S.A. y en México. (De a la persona entrevistada la tarjeta "A" y marque todos los lugares)

En U.S.A.

Curandero o Sobador en Nogales, AZ .	01
Partera en Nogales, AZ	02
Farmacia en Nogales, AZ	03
Clínica de Salud del Condado, Nogales	04
Clínica Mariposa.	05
Consultorio del Médico en Nogales . .	06
Hospital en Nogales, Arizona	07
Hospital fuera de Nogales, Arizona . .	08
Otro.	09
Especifique _____	
No sabe.	88
Negó dar respuesta	99

En México

Curandero o Sobador	11
Partera	12
Farmacia	13
Salubridad.	14
Clínica de IMSS/ISSSTE	15
Consultorio del Médico	16
Hospital en Nogales, SON	17
Hospital fuera de Nogales, SON	18
Otro	19
Especifique _____	
No sabe.	88
Negó dar respuesta	99

Otro país

Otro lugar distinto de U.S.A. o México . .	21
Especifique _____	

[Si se mencionaron los servicios Mexicanos haga la pregunta 69a)]

69a. ¿Cuáles fueron sus razones para ir a México? (VERBATIM)

¿Algo más? _____

--	--	--

70. Observe la tarjeta "B" e indique la forma como pago los cuidados de salud de sus hijos(as).

(DELE A LA PERSONA ENTREVISTADA LA TARJETA "B"
MARQUE TODAS LAS RESPUESTAS)

En efectivo (Pago total)	01		
En pagos	02		
Precio especial.	03		
CHAMPUS	04		
Medicare	05		
AHCCCS	06		
Seguro privado.	07		
Programa Especial. ...	08		
Especifique _____			
Gratis	09		
Otro	10		
Especifique _____			
No sabe	88		
Negó dar respuesta ...	99		

71. Por favor dígame que tan satisfecha está usted con los servicios médicos que ha recibido su familia.

Muy satisfecha	01		
Algo satisfecha.	02		
Satisfecha	03		
Algo insatisfecha	04		
Insatisfecha	05		
No los usó.	06		
No sabe	88		
Negó dar respuesta ...	99		

72. ¿Cuáles fueron los problemas principales para que usted y su familia obtubieran servicio médico en U.S.A.? (VERBATIM)

¿Algo más? _____

73. ¿Qué le gustaría que sucediera para que los servicios de salud fueran mejor para usted y su familia?(VERBATIM)

¿Algo más? _____

74. ¿Usted o alguien de su familia acostumbra a comprar medicamentos sin receta en México?

Vaya a la pregunta 74a

Sí	01		
No	02		
No sabe	88		
Negó dar respuesta. ...	99		

74a. ¿Qué medicamentos?

--	--	--

DATOS SOCIODEMOGRAFICOS

Finalmente me gustaría obtener alguna información general sobre usted y de su familia.

75. ¿Cómo se describe usted?

- | | |
|--|----|
| Mexicana | 01 |
| Mexico Americana | 02 |
| Chicana | 03 |
| Hispana | 04 |
| Otro latinoamericano | 05 |
| Especifique _____ | |
| Negra o Africoamericana | 06 |
| Nativa Americana/India Americana o de Alaska | 07 |
| Asiática o de las Islas del Pacífico | 08 |
| Blanca o Anglosajona | 09 |
| No sabe | 88 |
| Negó dar respuesta. | 99 |

76. ¿Cuál fue el grado más alto que completó en la escuela?

[Escriba si fue en México] _____

_____ número

[ENTREVISTADORA POR FAVOR FIJESE:

SI EL ENTREVISTADO VIVE EN CASA/APARTAMENTO VAYA LA PREGUNTA 77

SI EL ENTREVISTADO VIVE EN UN TRAILER VAYA A LA PREGUNTA 78

77. ¿La casa es propia o la renta?



Vaya a la pregunta 80

Vaya a la pregunta 77a

Vaya a la pregunta 80

- | | |
|--------------------------|----|
| Propia | 01 |
| Rentada | 02 |
| Ni propia ni rentada ... | 03 |
| No sabe | 88 |
| Negó dar respuesta. | 99 |

77a. ¿Qué tanto paga de renta al mes?

_____ Cantidad
No sabe

Negó dar respuesta. 99

78. ¿Tiene usted un trailer propio o renta uno?



Vaya a la pregunta 78a

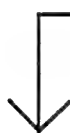
- | | |
|--------------------------|----|
| Propio | 01 |
| Rentado | 02 |
| Ni propio ni rentado ... | 03 |
| No sabe | 88 |
| Negó dar respuesta. | 99 |

78a. ¿Qué tanto paga de renta al mes?

_____ Cantidad
No sabe

Negó dar respuesta. 99

79. ¿El terreno le pertenece o lo renta?



Vaya a la pregunta 79a

- | | |
|--------------------------|----|
| Propio | 01 |
| Rentado | 02 |
| Ni propio ni rentado ... | 03 |
| No sabe | 88 |
| Negó dar respuesta. | 99 |

79a. ¿Qué tanto paga al mes?

_____ Cantidad
No sabe

Negó dar respuesta. 99

--	--	--

[SI LA PERSONA ENTREVISTADA PAGA SEPARADO POR EL TRAILER Y EL TERRENO Y NO SABE CUANTO PAGA POR CADA UNO, ESCRIBA EL TOTAL EN EL SIGUIENTE ESPACIO (el total de 79a y 79b)]

Costo total por vivir en el trailer.

--	--	--	--

80. ¿Qué tantos cuartos hay en su casa o apartamento? (Contando la cocina, pero no el baño).

--	--

 número de cuartos

81. ¿Tiene agua dentro de la casa, incluyendo el baño y la cocina?

Sí 01
 No 02
 No sabe 88

--	--

 Negó dar respuesta ... 99

82. ¿Tiene algún sistema de calefacción en su casa?



Vaya a la pregunta 82a. Sí 01
 No 02
 No sabe 88

--	--

 Negó dar respuesta ... 99

82a. ¿Tiene calefacción en toda la casa?

Sí 01
 No, solamente parte de la casa. 02
 No sabe 88

--	--

 Negó dar respuesta ... 99

83. ¿Cuál es el combustible principal que usa para cocinar en esta casa?

Aceite 01
 Gas natural 02
 Electricidad 03
 Gas butano (propano) 04
 Kerosen 05
 Leña 06
 Carbón 07
 Otro 08
 Especifique _____
 No usa combustible 09
 No sabe 88

--	--

 Negó dar respuesta 99

84. ¿Tiene usted aire acondicionado - ya sea en unidades individuales, un sistema central o "cooler"?

Sí 01
 No 02
 No sabe 88

--	--

 Negó dar respuesta ... 99

--	--	--

85. ¿Cuáles de los siguientes problemas del medio ambiente siente usted que tuvieron o que tienen un impacto en la salud de usted o de su familia?

	SI	NO	N.S.	SE NEGÓ
Almacenamiento de productos químicos	01	02	88	99
Aqua contaminada	01	02	88	99
Contaminación del aire	01	02	88	99
Malos desagües	01	02	88	99
Viviendas inadecuadas	01	02	88	99
Descarga ilegal de basura	01	02	88	99
Uso o almacenamiento de pesticidas	01	02	88	99
Plomo en su casa/aire	01	02	88	99
Otro				
Especifique _____	01	02	88	99

86. Observe los planes de salud que están en la tarjeta "E", ¿Está usted cubierta por alguno de ellos?



Vaya a la pregunta 86a Sí 01
 No 02
 No sabe 88
 Negó dar respuesta ... 99

--	--	--

86a. Marque todos los planes de salud que tenga:

Medicare A o B	01
AHCCCS	02
Covertura para peronal militar y sus familiares (Veteranos, CHAMPUS)	03
Seguro privado (incluyendo/HMO's) Vaya a la pregunta 86b	04
Workers compensation	05
Otro	06
Especifique _____	

86b. ¿Cuánto es el deducible de su póliza de seguro?

_____ 01
 No hay deducible. 01
 No sabe 88
 Negó dar respuesta ... 99

--	--	--	--

86c. ¿A nombre de quien está la póliza?

Usted 01
 Su esposo 02
 Otro 03
 No sabe 88
 Negó dar respuesta ... 99

--	--	--

87. ¿Ganó usted más de \$500 dólares trabajando el año pasado?

Sí 01
 No 02
 No sabe 88
 Negó dar respuesta ... 99

--	--	--

--	--	--

87a. ¿Está usted trabajando actualmente?

Sí 01
 No 02
 No sabe 88
 Negó dar respuesta 99

[SI LA PERSONA ENTREVISTADA NO ESTA TRABAJANDO ACTUALMENTE Y NO GANO \$500 DOLARES DURANTE EL AÑO PASADO, VAYA A LA PREGUNTA 94.]

88. ¿Cuál es/fué su ocupación? ¿Qué es/era lo que haces/hacía?

89. ¿Qué tipo de negocio, industria, o compañía es en la que usted está trabajando o trabajó? [QUE HACE O HIZO LA ORGANIZACION]

90. ¿Su empleador la provee con alguno de los siguientes beneficios?(Marque todos los que apliquen)

	SI	NO	N.S.	SE NEGÓ	
Seguro de salud	01	02	88	99	
Seguro de imposibilidad	01	02	88	99	
Seguro de vida	01	02	88	99	
Guardería para sus hijos	01	02	88	99	
Seguro de maternidad	01	02	88	99	
Permiso de maternidad pagado	01	02	88	99	
Permiso de maternidad sin pago	01	02	88	99	
Vacaciones pagadas	01	02	88	99	
El día pagado cuando se enferma	01	02	88	99	
Permiso para faltar por razones personales	01	02	88	99	
Permiso para faltar sin pago	01	02	88	99	
Educación o entrenamiento	01	02	88	99	
Le dan comidas en el trabajo	01	02	88	99	
Horas extras pagadas	01	02	88	99	
Programa de ayuda al trabajador	01	02	88	99	
Ninguno	01	02	88	99	
Otro	01	02	88	99	

Especifique _____

91. ¿Durante el año pasado, ha tenido algún accidente o enfermedad debido al trabajo que usted hace?

Sí 01
 No 02
 No sabe 88
 Negó dar respuesta ... 99

92. ¿Cuáles de las siguientes condiciones siente usted que son peligrosas en su situación de trabajo?

[illegible]

93. Según usted sabe, ¿ha desarrollado usted alguna de las siguientes condiciones como resultado de su trabajo?

[illegible]

--	--	--

94. ¿Cuál de las siguientes frases describe su situación actual de empleo?

[UNA RESPUESTA SOLAMENTE] [LEA LA LISTA]

Empleada tiempo completo.	01
Empleada de medio tiempo.	02
Empleada con permiso de maternidad. .	03
Desempleada o en huelga.	04
Desempleada y buscando trabajo.	05
Desempleada y sin buscar trabajo.	06
Retirada.	07
Ama de casa solamente.	08
Imposibilitada para trabajar.	09
Estudiante tiempo completo.	10
Estudiante la mitad del tiempo.	11
No sabe.	88
Negó dar respuesta.	99

95. Durante los 12 meses pasados ¿Cuál fue el ingreso total de la familia? Incluya dinero de empleos, Seguro Social, ingreso de retiro, pagos de desempleo, asistencia pública, etc. También incluya ingreso por intereses, dividendos, ingreso neto de negocio, finca, o renta, y cualquier otro ingreso de dinero recibido durante los últimos 12 meses. **[LEA LA LISTA Y MARQUE UNA]**

Menos de \$6,000.	01
de \$6,000 to \$9,999. .	02
de \$10,000 to \$19,999	03
de \$20,000 to \$29,999	04
de \$30,000 to \$39,999	05
de \$40,000 or more. .	06
No sabe.	88
Negó dar respuesta. .	99

96. ¿En que país nació?

TERMINE LA ENTREVISTA USA. 01

☐ Vaya a la pregunta 96a Mexico. 02

☐ Vaya a la pregunta 96a Otro. 03

Especifique _____

No sabe. 88

Negó dar respuesta. . 99



96a. ¿Qué tanto tiempo ha vivido en los Estados Unidos?

____ años

97. ¿Tiene usted papeles?

Sí. 01

No. 02

No sabe. 88

Negó dar respuesta. . 99

Muchisimas gracias por haber tomado el tiempo para contestar estas preguntas

¿Hay algo más que le gustaría añadir?

ID NUMBER

--	--	--

FOR THE INTERVIEWER:

98. RECORD THE LANGUAGE USED DURING THE INTERVIEW:

Spanish only . . 01

English only . . .02

Used both 03

--	--

99. RECORD THE APPROPRIATE ANSWER:

Interview complete. . . . 01

Interview incomplete . . 02

--	--

100 . DO YOU THINK THE QUESTIONS ON HEALTH BEHAVIOR ARE ANSWERED ACCURATELY?

Yes. . . 01

No02

--	--

INTERVIEWER COMMENTS:



**ENCUESTA DE LA COMUNIDAD
EVALUACION DE LA ATENCION PRIMARIA A LA SALUD EN LA
FRONTERA SONORENSE: EL CASO DE NOGALES, SONORA**

**EL COLEGIO DE SONORA
COMITE DE EVALUACION DE LA SALUD EN NOGALES
OPS - Carnegie - Pew**

DATOS PARA EL CUESTIONARIO

NOMBRE DE PILA _____
 DOMICILIO _____
 COLONIA _____
 TEL : _____
 IDENTIFICACION AGEB _____
 HORA DEL INICIO DE LA ENCUESTA _____
 HORA EN QUE SE TERMINO LA ENCUESTA _____
 ENCUESTADOR _____
 CODIFICADOR _____
 SUPERVISOR _____
 FUE CENSADA (1) Si __ (0) No __ ¿CUANTAS CASAS
 VISITO ANTES DE HACER ESTA ENTREVISTA? _____

SALUD INFANTIL

¿PODRIAMOS PLATICAR DE TU HIJO MENOR DE DOS AÑOS?

1. ¿Cuándo nació el bebé?
 Día __ mes __ año __

2. ¿Aún vive?
 (1) Sí __ (0) No __ (fecha defunción __ __ __ __)
 Día Mes Año

3. En el caso de que la respuesta sea no ¿cuál fue el motivo
 de la defunción? _____

4. ¿Qué peso tuvo al nacer? _____ kg.

5. ¿El bebé nació
(1) a término? __ (2) prematuro? __ (3) posmaduro? __ (4) no sabe? __
6. ¿Cómo fue el parto?
(1) eutócico __ (2) distócico __ (3) cesárea __
7. ¿En qué población nació el bebé? _____
Estado _____ País _____
8. ¿En qué lugar nació?
(1) IMSS _____ (4) clínica particular _____
(2) ISSSTE _____ (5) casa _____
(3) Hospital Mpal. _____ (6) otro (especif.) _____
9. ¿Le diste pecho a tu bebé, aunque haya sido por poco tiempo?
(1) Sí _____ (0) No _____
10. ¿Cuánto tiempo le diste pecho a tu bebé?
(1) < 1 mes _____ (3) 4-6 meses _____ (5) > 9 meses _____
(2) 1-3 meses _____ (4) 7-9 meses _____ (6) no sabe _____
11. ¿A los cuántos meses empezó a comer otros alimentos diferentes a la leche?
(1) < 1 mes _____ (3) 4-6 meses _____ (5) > 9 meses _____
(2) 1-3 meses _____ (4) 7-9 meses _____ (6) no sabe _____
12. ¿Cuántas veces ha sufrido tu bebé de enfermedades gastrointestinales como diarreas o vómitos en el último año? _____ veces
13. ¿Qué fue lo que hizo, cómo lo atendió?

14. ¿Cuántas veces ha tenido enfermedades respiratorias como resfriados, bronquitis o neumonía en el último año? _____ veces
15. ¿Qué fue lo que hizo, cómo lo atendió?

16. ¿Has llevado al niño al doctor en este último año?
(1) Sí _____ (0) No _____

17. ¿Por qué? _____
 Diagnóstico _____

18. ¿Tienes problemas para recibir atención médica cuando se enferma tu niño?

(1) Sí _____ (0) No _____ ¿Cuáles? _____

19. ¿Cómo consideras la salud de este niño?

(1) mala? _____ (4) muy buena? _____

(2) regular? _____ (5) excelente? _____

(3) buena? _____ (0) no sabe? _____

NOS GUSTARIA HACERTE ALGUNAS PREGUNTAS ACERCA DE TU SALUD Y DE TUS EMBARAZOS (SI NO SABE O REHUSA HABLAR MARCAR X)

¿Cuántas veces has estado embarazada (incluyendo embarazos que no finalizaron)?

20. ¿Total de embarazos? _____

21. ¿Total de nacidos vivos? _____

22. ¿Total de abortos? _____

23. ¿Total de nacidos muertos? _____

24. ¿De los nacidos vivos cuántos sobreviven?

No. de hijos _____

25. ¿En qué lugar tuviste la atención prenatal de tu último bebé?

(0) Ninguno? _____ (4) centro de salud? _____

(1) IMSS? _____ (5) médico particular? _____

(2) ISSSTE? _____ (6) otro (especif.)? _____

(3) ISSSTESON? _____

26. ¿Cuándo fuiste por primera vez a consulta prenatal?

(1) En el primer trimestre _____

(2) En el segundo trimestre _____

(3) En el tercer trimestre _____

27. ¿Cuántas veces fuiste a consulta prenatal?

No. de veces _____ si es cero pase a la preg.#29

28. ¿Cómo fue la calidad de la atención prenatal que recibiste en este último embarazo?

(1) mala? _____ (4) muy buena? _____

(2) regular? _____ (5) excelente? _____

(3) buena? _____ (0) no sabe? _____

29. ¿Has tenido problemas para acudir a recibir atención prenatal? (1) Sí ____ (0) No ____
¿Cuáles? _____

30. ¿Durante el último año, te has hecho un examen de papanicolau?
(1) Sí ____ ¿Dónde? _____
(0) No ____ ¿Por qué no? _____

31. ¿Durante el último año, te has hecho algún examen para detectar cáncer o bolitas en los pechos?
(1) Sí ____ (0) No ____

32. ¿Usas actualmente algún método anticonceptivo?
(0) ninguno ____ (7) operación hombre ____
(1) pastillas ____ (8) operación mujer ____
(2) inyecciones ____ (9) diu ____
(3) jaleas, espumas cremas ____ (10) otros (especif. cuál) ____
(4) diafragma ____
(5) por el ritmo ____
(6) preserv. (condón) ____

33. ¿Has tenido algún problema para planificar tu familia?

34. ¿Qué opinión tienes de tu salud actual?
(1) mala? ____ (4) muy buena? ____
(2) regular? ____ (5) excelente? ____
(3) buena? ____

35. ¿Por qué? _____

AHORA TE HAREMOS ALGUNAS PREGUNTAS ACERCA DE LOS SERVICIOS DE SALUD.

36. ¿Tienes derecho a algún servicio de salud?
(1) Sí ____ (0) No ____ (SI NO, PASAR A LA PREG.38)

37. ¿Cuáles? _____

38. ¿Pertenece tu familia a algún tipo de servicio de seguridad social en la localidad?

(1) Sí ____ (0) No ____
cuál:
(1) IMSS ____ (3) ISSSTESON ____
(2) ISSSTE ____ (4) SEDENA ____
(5) OTRO(especif.) _____

39. ¿Ha tenido algún miembro de tu familia algún accidente en el último año? (EN CASO DE VARIOS, ANOTAR EL ULTIMO)

(1) Sí ____ (0) No ____ (SI ES NO, PASAR A LA PREG.45)

40. ¿Quién? _____

41. ¿Lugar del accidente? _____

42. ¿Causa del accidente? _____

43. ¿Atención del accidente? _____

44. ¿Dejó una secuela el accidente? _____

45. ¿Califica la importancia de los siguientes factores a que te enfrentas cuando un miembro de tu familia se enferma?

(MARCAR 0 PARA MENOS IMPORTANTE, Y 1 PARA MÁS IMPORTANTE)

(1) localización? _____

(2) transporte? _____

(3) horario de trabajo/horario de servicio? _____

(4) costo de los servicios? _____

(5) tiempo de espera? _____

(6) calidad de la atención? _____

(7) otros? (especif.) _____

46. ¿Trabajas actualmente?

(1) Sí ____ (0) No ____ (SI ES NO, PASAR A LA PREG.50)

47. ¿Quién te cuida a los niños mientras trabajas?

(1) mamá ____ (4) otro pariente (especif.) _____

(2) vecino ____ (5) otro no pariente (especif.) _____

(3) guardería (especif.) _____

48. ¿Cuál es el principal problema que encuentras para los servicios de cuidado de tus hijos?

(1) costo ____ (3) otro (especif.) _____

(2) transporte ____

49. ¿Qué te gustaría que se hiciera para mejorar el servicio del cuidado de los niños?

POR ULTIMO NOS GUSTARIA HACERTE ALGUNAS PREGUNTAS GENERALES

50. Edad ____

51. Estado civil

(1) soltera ____ (3) viuda ____ (5) unión libre ____

(2) casada ____ (4) divorciada ____ (6) otro (especif.) ____

52. ¿Cuál fue el más alto grado que cursaste en la escuela?

- (1) primaria ____ (3) secundaria ____
 (2) preparatoria ____ (4) profesional ____

53. ¿Qué ocupación tienes? lugar _____

puesto _____ antigüedad _____ horario _____

54. ¿Consideras que existe algún riesgo para tu salud en el trabajo?

- (1) Sí ____ (0) No ____ (SI ES NO, PASAR A LA PREG.56)

55. ¿Por qué? _____

56. ¿Qué ocupación tiene tu esposo o compañero?

lugar _____
 puesto _____ antigüedad _____ horario _____

57. ¿Dónde naciste?

ciudad _____ estado _____ país _____

58. ¿Cuánto tiempo tienes de residir en Nogales?

años _____ meses _____

59. ¿Por qué vives en Nogales? _____

60. ¿Dónde nació tu esposo o compañero?

ciudad _____ estado _____ país _____

61. ¿Cuánto tiempo tiene él de residir en Nogales?

años _____ meses _____

62. ¿Por qué vive él en Nogales? _____

63. ¿De qué están hechas la mayor parte de las paredes o muros de esta vivienda?

- (1) lámina ____ (4) cartón ____ (7) adobe ____
 (2) block ____ (5) ladrillo ____ (8) otros especif.) ____
 (3) piedra ____ (6) madera ____

64. ¿De qué material es la mayor parte del piso de esta vivienda?

- (1) tierra ____ (3) madera? ____
 (2) cemento? ____ (4) mosaico u otros? ____

65. ¿Esta vivienda es

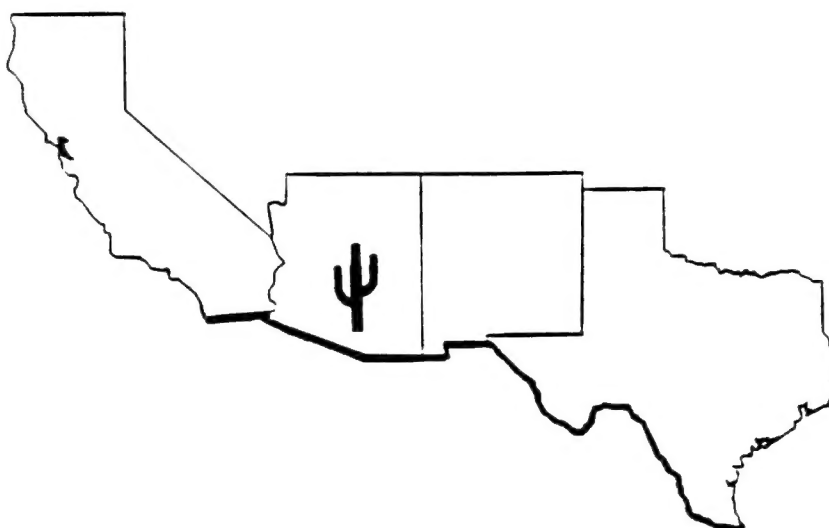
- (1) propia? ____ (3) prestada? ____
 (2) rentada? ____ (4) otro? (especif.) ____

66. ¿Dispone la vivienda de agua entubada?

- (1) Sí ____ (0) No ____ (SI ES NO, PASAR A LA PREG.68)

67. ¿Dentro de la vivienda? ____ fuera de la vivienda? ____
68. ¿Horario de disponibilidad de agua? _____
69. Si no dispone de agua entubada ¿cómo consigue el agua? _____
70. ¿Dónde desagua?
 (1) a red pública ____ (3) a fosa séptica ____
 (2) al suelo ____ (4) otros o no sabe ____
71. ¿Hay en esta vivienda
 (1) excusado con agua corriente? ____
 (2) letrina? ____
 (3) otro? (especificar) _____
72. ¿Cuántos cuartos hay en esta vivienda sin contar cocina, baño y pasillos?
 no. de cuartos _____
73. ¿Cuántas personas viven permanentemente en esta vivienda,
 tomando en cuenta a los niños chiquitos y recién nacidos?
 no. de personas _____
74. ¿Qué usas para calentar la casa en tiempo de frío?
 (solo MARCAR LO QUE MAS SE USA)
 (1) leña o carbón? ____ (4) electricidad? ____
 (2) gas? ____ (5) otro (especif.?) ____
 (3) petróleo? ____
75. ¿Esta vivienda tiene servicio de recolección de basura?
 (1) Sí ____ ¿cuándo fué la última vez? _____
 (0) No ____ ¿qué haces con la basura? _____
76. ¿Cuántas personas de esta familia trabajan?
 no. de personas _____
77. ¿Cuántas personas aportan para el ingreso mensual familiar?
 no. de personas _____
78. ¿En éste último mes, cuál fué el ingreso mensual familiar?
 Cantidad \$ _____ no sabe ____

MUCHAS GRACIAS POR PERMITIRNOS HACERTE ESTA ENCUESTA, ¿HAY OTRA COSA QUE QUISIERAS AÑADIR?



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